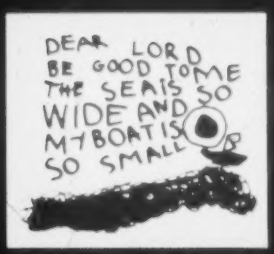
S.O.S. America!



A Children's Defense Budget

CHILDREN'S DEFENSE FUND

About CDF

The Children's Defense Fund (CDF) exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak out for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF is a unique organization. CDF focuses on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. Our staff includes specialists in health, education, child welfare, mental health, child development, adolescent pregnancy prevention, and youth employment. CDF gathers data and disseminates information on key issues affecting children. We monitor the development and implementation of federal and state policies. We provide information, technical assistance, and support to a network of state and local child advocates. We pursue an annual legislative agenda in the U.S. Congress and litigate selected cases of major importance. CDF's major initiatives include our adolescent pregnancy prevention program and a prenatal and child health campaign. CDF educates tens of thousands of citizens annually about children's needs and responsible policy options for meeting those needs. CDF is a national organization with roots in communities across America. Although our main office is in Washington, D.C., we reach out to towns and cities across the country to monitor the effects of changes in national and state policies and to help people and organizations concerned with what happens to children. CDF maintains state offices in Minnesota, Ohio, and Texas. CDF has developed cooperative projects with groups in many states.

CDF is a private nonprofit organization supported by foundations, corporate grants, and individual donations.

S.O.S. America!

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ISBN: 938008-77-3
Library of Congress Catalog No.: 90-060337

Dedication

In memory of:

Michael Harrington, who did so much to open the nation's eyes to the lives of poverty and deprivation of millions of Americans and spent his life fighting for the poor and oppressed.

Representative Mickey Leland, who dedicated his career in Congress to reducing child hunger, illness, and suffering both here and throughout the world.

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The Charles Revson Foundation provides support for all CDF publications.

Notes on Language: Throughout this book CDF uses the terms black and Latino, recognizing that African-American and Hispanic are the terms used or preferred by many. Government data collecting agencies, for example, generally use the term Hispanic. There is no difference between CDF's use of the term Latino and agencies' use of Hispanic. Latino data presented in this book include persons with ancestral lines to Spanish-speaking countries, including Central and South America, parts of the Caribbean, and Spain.

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Introduction: Building An Achieving America

We are living through remarkable times. The year 1989 brought extraordinary changes — in the Soviet Union, China, Romania, Poland, Czechoslovakia, East Germany, and all of Europe — that will have a profound effect on the lives of our children and grandchildren.

Americans have watched with smiles and tears, full of pride, hope, and relief, as the surging demand for freedom has torn down concrete and psychological walls from Berlin to Budapest and provided some release from more than four decades of seemingly constant tension and conflict. At the same time, our nation has been enjoying an unprecedented eighth year of economic expansion.

Such prosperity and relative peace normally would produce exhilaration and hope. Instead, at the very time one would expect jubilation, most Americans see the few prospering more than the many and are deeply apprehensive about, and in some cases despairing of, the future of their children, their children's children, their communities, and their nation. They perceive that there are real threats to that future — disintegrating families, a growing isolation of the poor, violence and drugs, and unprepared and undereducated children. There is a sense that the walls of race and class within our society are growing higher, that our children and young adults are unprepared for the rapidly changing present and future world, and that many of our leaders have no idea how to cope with the enormous challenges at hand and ahead.

Just as 1989 was a year of spectacular transformation overseas, 1990 must be the first year of a fundamental peaceful transformation inside America. As we enter the last decade of the twentieth century, we must begin the work of rebuilding the crumbling moral and social foundations of our nation. That work starts with a transformation of our treatment of children. We must reaffirm parenting as a primary value and through all of our public and private institutions help build and support the strongest families we can. We must make it un-American for any child to grow up poor, or without adequate child care, health care, food, shelter, or education. We must protect America's children from drugs, neglect, abuse, and violence. We must tear down the walls that block the paths to achievement for far too many of our young people.

S.O.S. America!

We have no moral or practical choice but to begin that transformation. The mounting crisis of our children and families is a rebuke to everything America professes to be and at least as great a threat to the safety, harmony, and economic productivity of our society as any external enemy.

The number of children — soon to be young adults — in our society is dwindling. In the year 2000 there will be 5.4 million (18 percent) fewer Americans

between the ages of 18 and 24 than there were in 1980. As the percentage of the population that consists of children and young workers continues to shrink, we will need to prepare each of them to be fully productive if our nation is to thrive. And because minority youths make up a growing portion of this young work force (37 percent in 2020, compared with 30 percent in 2000 and 23 percent in 1980), all Americans share a self-interested stake in nurturing, protecting, and educating minority as well as majority children so that they will be able to achieve and contribute. Indeed, between now and the end of this century only one out of seven new entrants into the work force will be a native-born white male.

The ability of the United States to compete, much less innovate and lead, in the twenty-first century, however, is being subverted by our leaders' failure of vision and lack of courage to respond to these trends, the difficulty our society is having in adapting to complex change, and the resulting intolerable conditions we are inflicting on those whom we will need to be our workers, parents, innovators, and leaders.

- One in five American children — 12 million in all — lives in poverty. Children are by far the poorest Americans (almost twice as likely to be poor as are adults) and have grown poorer in the 1980s as our nation has grown richer.
- One in five children has no health insurance. Among industrialized nations only the United States and South Africa fail to provide all children and families a basic floor of health protection against illness and disease. We rank nineteenth in the world in infant mortality, behind such nations as Spain, Singapore, Japan, East Germany, and West Germany.
- While UNICEF has waged a wonderfully effective worldwide campaign to boost child immunization rates, U.S. immunization rates have declined and the incidence of preventable childhood diseases has risen. Nonwhite one-year-olds in our country are less likely to be fully immunized against polio than are one-year-olds in 47 countries, including Botswana, Sri Lanka, Albania, Colombia, and Tunisia.
- The foster care system is bursting at the seams from a combination of new and old causes: drugs, abuse and neglect, families torn apart by housing crises, and the lack of services that work to preserve families.
- The fastest growing segment of the homeless population is families with children, yet federal housing appropriations were cut 80 percent in the 1980s. Billions of dollars from the 20 percent that remained were stolen by the rich and well-connected.
- Children are safer in Northern Ireland than in America. Each day 135,000 American children take a gun to school. Some inner-city children are exposed to violence so routinely that they exhibit post-traumatic stress symptoms similar to those that plague many Vietnam combat veterans. Madmen shoot up schoolyards and drug dealers turn neighborhoods into war zones, yet our country is unwilling to take semi-automatic machine guns out of the hands of its citizens.
- Young families of all races, on whom we count to raise healthy children for America's future, are in extraordinary trouble. They have suffered since the early 1970s a frightening cycle of plummeting earnings, declining numbers of marriages, a near doubling of birth rates among unmarried women, increasing numbers of single-parent families, falling incomes (down 25 percent for young families with children from 1973 to 1987), and skyrocketing poverty rates.

Losing the Achievement Race: An International Report Card

The United States has the world's largest gross national product but does not rank even in the top 10 in many key measures that are crucial to children's health and well-being:

INDICATOR	U.S. RANK	SOME OF THE COUNTRIES WE TRAIL
Infant mortality rate (1988)	19th	Singapore, Hong Kong, Spain, Ireland
Mortality rate for children younger than five (1988)	21st	Japan, Singapore, New Zealand, and East Germany
Low-birthweight births (1988)	29th	Austria, Hong Kong, East Germany, and West Germany
Proportion of one-year-old children fully immunized against polio (latest reported year)	15th	Poland, Jordan, Czechoslovakia, and and Chile
(When the U.S. nonwhite population's rate is compared with other nations' overall rates, the United States lags behind 48 other countries, including Albania, Oman, Botswana, Tunisia, and Sri Lanka.)		
Number of school-age children per teacher (1986)	19th	Libya, East Germany, Lebanon, and Cuba
Childhood poverty (1979-1982)	8th (among eight industrialized countries studied)	Switzerland, Sweden, Norway, West Germany, Canada, the United Kingdom, and Australia
Mathematical achievement of eighth-grade students (1981-1982)	12th (among 18 nations studied)	Japan, Hungary, and England
Expenditures on elementary and secondary education as a percentage of the gross domestic product (1985)	14th (among 16 countries studied)	Italy, France, Japan, West Germany, and Canada
Teen pregnancy rates (1985)	6th (among six nations studied)	Canada, England and Wales, France, the Netherlands, and Sweden

The United States also is not among the 70 nations worldwide that provide medical care and financial assistance to all pregnant women, not among the 61 nations around the world that insure or provide basic medical care to all workers and their dependents, not among the 63 nations worldwide that provide a family allowance to workers and their children, and not among the 17 industrialized nations that have paid maternity/parenting leave programs.

If we are to reach real peace in this world — and if we are to carry on a real war against war — we shall have to begin with the children and if they will grow up in their natural innocence we won't have to struggle. We won't have to pass fruitless, idle resolutions. But we shall go from love to love, and peace to peace until at last all the corners of the world are covered with that peace and love for which, consciously or unconsciously, the whole world is hungering.

Gandhi

As bad as things are today for our children, they may well get worse. If recent trends continue, by the end of the century the child poverty rate will have risen from one in five to one in four, as will the share of children living with single parents. One in every five births and more than one in three black births in the year 2000 will be to a mother who did not receive early prenatal care. One in every five 20-year-old women will be a mother, and more than four out of five of them will not be married.

Taking Care of America

In the fall of 1989 when Solidarity leader Lech Walesa visited the United States, he told a group of U.S. senators, "Please take care of this country. Who is going to lead us if not you?"

We have not been taking care of this country — its children, its future, its human or natural resources, or its ideals — and we are endangering our ability to lead. For nearly one-fourth of its life, our nation has poured much of its energy, ideology, and money into the Cold War — into establishing that we are "Not-Russia." Now we must be something other than and more than just "Not-Russia." If we want to be a model of a humane free-market democracy for Eastern European and Third World countries, we cannot continue to neglect our most vulnerable citizens and our economic and moral underpinnings. We must prove that American democracy can work at home for our children.

We also cannot continue to ignore the hollowness that permeates our culture, afflicting the affluent as well as the indigent. The poor minority youths who shoot up drugs on street corners and the rich white youths who shoot up drugs in their parents' expensive homes share a common disconnectedness from any larger hope and purpose, sense of community, common culture, and shared strivings. The high rates of teen suicides, drug and alcohol abuse, and births to unmarried teens among youths of all races and income groups in every area of our country reflect a common moral drift. So do the addictions from which our society suffers — the addictions to drugs and alcohol but also to possessions of every sort.

We must recapture and reaffirm the best of traditional American values. We must return to the vision of a more united society, at peace with others and itself, and environmentally responsible — a society that punishes rather than rewards political duplicity and corruption, and that works to nurture and educate its children and build its future.

One Day in the Lives of America's Children

17,051	women get pregnant.
2,795	of them are teenagers.
1,106	teenagers have abortions.
372	teenagers miscarry.
1,295	teenagers give birth.
689	babies are born to women who have had inadequate prenatal care.
719	babies are born at low birthweight (less than 5 pounds, 8 ounces).
129	babies are born at very low birthweight (less than 3 pounds, 5 ounces).
67	babies die before one month of life.
105	babies die before their first birthday.
27	children die from poverty.
3	children die from child abuse.
10	children die from guns.
30	children are wounded by guns.
6	teenagers commit suicide.
135,000	children bring guns to school. A child is safer in Northern Ireland than on the streets of America.
7,742	teens become sexually active.
623	teenagers get syphilis or gonorrhea.
211	children are arrested for drug offenses.
437	children are arrested for drinking or drunken driving.
1,512	teenagers drop out of school.
1,849	children are abused or neglected.
3,288	children run away from home.
1,629	children are in adult jails.
2,556	children are born to unmarried women.
2,989	see their parents divorced.
34,285	people lose jobs.
100,000	children are homeless.

Every eight seconds of the school day, an American child drops out (552,000 during the 1987-1988 school year).

Every 26 seconds of each day, an American child runs away from home (1.2 million a year).

Every 47 seconds, an American child is abused or neglected (675,000 a year).

Every 67 seconds, an American teenager has a baby (472,623 in 1987).

Every seven minutes, an American child is arrested for a drug offense (76,986 a year).

Every 30 minutes, an American child is arrested for drunken driving (17,674 a year).

Every 36 minutes, an American child is killed or injured by guns (14,600 a year).

Every 53 minutes, an American child dies because of poverty (10,000 a year).

Readying Children To Achieve

Reaffirmation and renewal must begin with strengthening America's families — as they now exist, not those of a romanticized past. Parents and family are the cornerstones of any child's life. All children need strong families that can provide them with the basics for survival, as well as with love, security, proper values, and a sense of home and safety. Our society has to do a far better job of preparing young people to parent; helping teens, who are not yet ready to parent, to avoid pregnancy; and sending cultural messages, backed by concrete policies and investments, that parenting is a serious business.

The more safe, secure, and stable families are, the better able they are to provide what their children need and to start their children on a path to achievement. Therefore, the first imperative for all sectors of our society — government, business, and community — is to assure that families have what they need to flourish for their own sake and that of their children.

This means facing up to the realities of today's families rather than bemoaning them. During the past 30 years, our society has undergone profound changes in its labor market, wage structures, culture, and demographics that have transformed the American family, in good ways and bad. Young families' incomes have plummeted. Millions of young families no longer can enter the homeownership market. Divorce and births to unmarried women have skyrocketed, as have the numbers of single-parent families. Women have entered the work force in unprecedented numbers, but far too few of their children have available, safe, and affordable child care. Almost two-thirds of all mothers in the work force are raising their children alone or have husbands who earn less than $15,000 per year.

Nothing is holding back the acceleration of these trends. During the 1950s the number of married mothers of children younger than six who were in the work force was growing by 100,000 each year. Throughout the 1980s the comparable growth was 200,000 a year. The need for child care will continue to escalate. By 1995 two out of three preschool-age children and four out of five school-age children will have mothers in the work force.

If we want our children to be prepared for school and to achieve so that our nation can thrive and compete, both the private and public sectors will have to adapt to these new realities, find new ways to support young families and families in which the only parent or both parents are working, give them some real choices about balancing work and family life, and help families help their children achieve.

Nothing is more important than buttressing families, and CDF actively supports a range of measures — parental leave, expansion of the Earned Income Credit, corporate support of child care, and family-supporting wages, among others — that work toward that end. Even with these measures, however, many families will need to be strengthened with more direct forms of government assistance.

Among them are the millions of families that are headed by teen parents, single parents, or two parents who need more than one job to survive. We have to support choices for these families, too, in ways that directly and adequately meet their needs rather than fit politicians' neat categories or slogans.

Children must have their basic needs for health care, child care, shelter, and nutrition met if they are to be prepared to achieve in school. A child with an undiagnosed vision problem, or without the means to get glasses once a problem has been diagnosed, hardly can learn to his potential. A child whose intellectual development is stunted by lead poisoning cannot excel in the classroom. Neither can one who falls asleep in class because she was awake half the night before in the homeless shelter, welfare hotel, or on the street where her family lives. Nor can a hungry child. Children who get a good breakfast at home or in school and who eat nourishing lunches obviously are better fed, but they also do better on achievement tests. Children who are warehoused (like the 42 children found in an Illinois basement with one caregiver), rather than given the benefits of good child care and preschool programs, will enter school without the cognitive, language, and social skills all children need and deserve.

All of this is common sense. Any parent, any teacher, any doctor, any politician understands these connections. The puzzling thing is why we can't do what we all know makes sense, giving all children the essential and cost-effective early investments they need to prepare them to achieve.

CDF's Achievement Agenda for 1990 calls for such investments, including direct assistance for a full range of child care choices for poor and near-poor families, expanded tax credits for such families, and a major expansion of the Head Start program. The year 1990 presents a real chance to accomplish all three.

In 1989 comparable comprehensive child care bills passed both Houses of Congress, after thorough debate and much compromise. The bills would have provided safe, affordable, quality child care to the poorest 800,000 of the 10.5 million young children with mothers in the labor force ($1.2 billion was appropriated for Fiscal Year 1990), as well as billions in tax credits to help low-income parents meet rising housing and food costs. The legislation got derailed, however, by politics that disregarded children's needs and by Congress rushing home for a lengthy recess without finishing the reconciliation of reconcilable differences between the House and Senate versions. Now Congress must get this initiative back on track and pass it, and the president must sign it.

In addition to passing the child care bill in 1990, Congress must reauthorize and dramatically expand the successful Head Start program. Head Start reduces

poor children's need later for special education and increases the chance a poor child later will keep up in school, graduate, enroll in postsecondary education, and be employed. But only one in five eligible three- to five-year-olds is served by Head Start's current level of funding. Congress must put Head Start on a track of steady expansion so that it reaches all eligible children by FY 1994. Also in 1990, health and nutrition coverage must be extended to all mothers and children in families with incomes below 185 percent of the federal poverty level, and the groundwork must be laid for advances in education, youth employment, housing, and family incomes.

An Agenda for Achievement

Twin Goals for the Year 2000

- Eliminate all child poverty.
- Close gaps in school achievement based on racial, ethnic, economic, and other factors unrelated to ability.

Highest Priorities for FY 1991

Child Care

- Enact comprehensive national child care legislation that provides in FY 1991 at least $1.75 billion, plus the cost of tax credits for low-income families.
- States also should increase appropriations for child care and adopt strong state quality assurances.

Head Start

- Reauthorize at a level sufficient to serve all eligible preschool children and assure program quality.
- Put federal appropriations on a track of steady increases to eliminate unmet need by 1994. FY 1991 increase: $1.4 billion.
- Increase state support levels for Head Start and other comprehensive preschool programs.

Health and Nutrition

- Provide adequate funding to fully immunize all children. FY 1991 increase: $80 million.
- Extend Medicaid in phases from 1990 to 1994 to cover all pregnant women and children with family incomes below 185 percent of poverty level. FY 1991 increase: $200 million.
- Put federal funding for WIC (the Special Supplemental Food Program for Women, Infants, and Children) on a track of steady increases to eliminate unmet need by 1994. FY 1991 increase: $150 million. States should fully utilize all federal funds and supplement as necessary to eliminate unmet need.

Child Protection

- Expand and strengthen programs that protect vulnerable children and families against abuse, neglect, and unnecessary separation. FY 1991 increase: $1 billion.

Readying Schools for Achieving Children

The new jobs this nation will produce in coming decades will demand more education and far more solid skills than do current jobs. Our nation will not have the skilled workers to fill these jobs and compete internationally if we do not educate the shrinking pool of young entry-level workers. In earlier times the United States could leave huge numbers of children and youths relatively uneducated and rely on a large market of unskilled agricultural and manufacturing jobs that would pay them family-supporting wages if they were simply willing to work hard.

The nation no longer has that luxury. Two facts of American life are on a collision course. First, fewer workers (a greater proportion of whom are minorities and women, whose education and work preparation we traditionally have shortchanged) are entering a job market that places a growing premium on education and skills. Second, early childhood investment policies and schools, especially for minority children, just aren't good enough. We can't change the demographics or the course of economic change. Therefore we are going to have to change both our early childhood investment policies and our schools.

The "school reform" effort of the 1980s was not dramatic enough or drastic enough to produce the kind of jump-start our schools and children need. Children's scores on achievement tests improved in the 1980s, but only a tiny bit. Schools were the beneficiaries of far more rhetoric than resources. Federal help for elementary and secondary education actually fell 22 percent from 1979 to 1988. While state spending on schools rose some in the 1980s, the fastest state budget growth by far — twice as fast as education in 1988 — was for prisons. The United States student-to-teacher ratio was nineteenth in the world in 1986, tied with Malta and Kuwait and lagging behind Libya, East Germany, Lebanon, and Cuba. Our students know less geography than school children in Iran, less math than school children in Japan, and less science than school children in Spain. In an international test of math skills, our most advanced twelfth-graders ranked next to last.

"School reform" fell even shorter of the need in the very diluted form that trickled down to poor and minority children, who together make up more than one-third of our school-age population. The achievement gap between minority and white children narrowed in the 1980s, but not as much as in the 1960s and early 1970s. White student scores are so mediocre that having minorities close in on them is, alone, not a goal that will suffice to propel us successfully to the top of the class in the twenty-first century. The black dropout rate continued to improve in the 1980s, but the proportion of black high school graduates going on to college fell markedly. Among Latinos, both graduation and college entry rates remain terribly low. Our nation is walking, rather than running, to catch the accelerating train that is the competitive international economy.

Although they enter school only slightly behind their more advantaged peers, poor and minority children fall further and further behind as their schooling goes on:

- By third grade, blacks and Latinos are six months behind.
- By sixth grade, they are one year behind.
- By eighth grade, they are two years behind.
- By twelfth grade, they are more than three years behind.

Poor teenagers are four times more likely than nonpoor teens to have below-average basic skills, and are three times more likely to drop out of high school. Whether they graduate or not, black and Latino 17-year-olds have reading and math skills about the same as those of white 13-year-olds. In science, their skills are about the same as those of white nine-year-olds.

These children are exiting the educational system without the spirit and potential with which they went in. As Gov. Wallace Wilkinson of Kentucky said last year: "There's nothing wrong with the kids we put in our system. There's something wrong with the system we're putting our kids in."

What is wrong with that system, and the values that permit it, constitutes the number one threat to American security and competitiveness. It is costly in budget terms too — one study estimates that each year's dropouts cost the nation about $228 billion in lost earnings and $68 billion in lost taxes during their lifetime. Yet too many of our leaders still do not understand the threat or the costs. Worse yet, others understand the problems but choose to play politics rather than confront them or exert leadership.

The Bush Administration's proposed budget for Fiscal Year 1991 points out that aggregate federal spending for education, job training, and other investments in "human capital" fell from $45.2 billion in 1980 to $31.0 billion in 1989 (in inflation-adjusted dollars). Despite this dismal record, the administration now proposes to increase human capital spending to only $31.4 billion in 1991 — a pace of growth that would have America's children and youths waiting until the year 2060 before the nation regains 1980 levels of human capital investment, wasting several more generations of children because our leaders are too timorous to lead.

These deficits in our schools, and in our politics, should be a call to action, not a cause for paralysis, because poor and minority students obviously can achieve if given what they need. All children can learn. There are hundreds of good schools across the nation — like those described in the Education chapter of this book — that prove every day that poor and minority children can achieve at the same high levels as anyone else, *if* they are expected to achieve, are taught a rigorous curriculum, and are provided the help they need to master it.

Such exemplary schools must be multiplied many times over, becoming the rule rather than the exception. Today, far too few minority and poor children are getting this type of challenge. Instead, they often get less of everything we know makes a difference: less in the way of experienced and well-trained teachers; less in the way of a rich and well-balanced curriculum; less actual instructional time; less in the way of well-equipped and well-stocked laboratories and libraries; and less of what undoubtedly is most important of all — a belief that they really can learn.

In general we herd poor and minority students into low-track classes in run-down buildings where we typically assign them the least experienced and often least skilled teachers, hand them the oldest and most tattered books, and expect little or nothing from them. It's hardly surprising, then, that so many accomplish what we expect. If they do less well than other students on tests of academic achievement, it is because we motivate and teach them less.

As if all of this weren't enough, the families, neighborhoods, and communities of poor and minority children have less too: less knowledge about how schools work and fewer political resources to make the schools better; fewer skills to help with homework; less flexible time to visit schools; and fewer resources to pay for educational extras. Poor parents do not have fewer hopes or dreams for their children, but too often they are overwhelmed by the day-to-day business of survival.

Tearing Down the Wall of Child Poverty

There is simply no economic, social, or political excuse for this country to tolerate a child poverty rate more than three times that of Switzerland or twice that of West Germany. But the idea that our nation should act affirmatively to tackle such extraordinary poverty fell out of favor in the 1980s. After all, the slogans went, we already fought a war on poverty "and poverty won." So for more than a decade our nation basically has conducted no struggle against child and family poverty — and this time around poverty really has won:

- From 1964 to 1969, when we had economic growth *and* the government cared about fighting poverty, 1.25 million children each year were pulled out of poverty.
- From 1982 to 1988, when we had economic growth but the government didn't give a tinker's damn about reducing poverty, we did only one-seventh as well — about 180,000 children each year were removed from poverty.

Since so many children (3.6 million) became poor from 1969 to 1982 because of recessions and program cuts, the child poverty rate is pretty much back where it was in 1965.

The 1980s proved conclusively that to reduce poverty requires more than our leaders sitting on the decks of their yachts musing about rising tides lifting boats. Because of changes in the economy and growing disparities in income, the rising tide has not been enough to lift children and young families out of poverty. We need government action to supplement economic growth.

We can reduce poverty if we fight it rather than ignore it. From 1964 to 1969 we pulled more than 6 million children out of poverty. From 1967 to 1974 we reduced poverty among the elderly by one-half. Comparable efforts initiated now and sustained throughout this decade could virtually eliminate child poverty. It takes will and leadership.

It takes money as well, although less than one might think. In 1988 the cost of eliminating poverty in families with children would have been $26.1 billion.

This is a considerable amount of money, but the United States is a large and very wealthy country. The cost of eliminating all poverty ($53.8 billion) is equivalent to only 1 percent of our gross national product. Eliminating poverty in families with children ($26.1 billion) would cost about 1.5 cents of every dollar that federal, state, and local governments spend. And that $26.1 billion is less than half of the income actually redistributed in this nation from 1978 to 1988, when economic change and changes in social and tax policy shifted $61 billion from the poor and middle class to the rich.

If the nation can afford to give an extra $61 billion a year to the richest one-fifth of the population; if bankers can get $164 billion to bail out deregulated, imprudent savings and loan associations; if we can afford to leave federal taxes on liquor, wine, beer, and cigarettes at levels $11 billion a year less than they were in the early 1950s, then this nation can afford to lift its 12 million poor children out of poverty.

The "lesses" in their schools and the "lesses" in their families and communities combine to devastate poor and minority youngsters. And these "lesses" will devastate America as well in the 1990s unless we reverse our priorities, drastically improve schools for these children, bolster their families and communities, and produce the educated workers we will need.

Early Investments and Good Schools Are Not Enough

We can improve our nation's schools, and health care, child care and other early investments greatly, and thereby greatly improve the achievement of poor children. But until we tackle child poverty head on, we will not empower children to attain their full potential or the nation to achieve its own. No health services can fill the gaps in the life of a child who lives on a family income of less than half of the official poverty line, as do 5 million American children. No school can compensate fully for malnutrition, unhealthy housing, and constant hopelessness bred by drug-ridden, rat-infested neighborhoods.

An American Child's Chances of Being Poor

If white	1 in 7
If black	4 in 9
If Latino	3 in 8
If in a female-headed family	1 in 2
If younger than three	1 in 4
If three to five	2 in 9
If six to 17	2 in 11
If the child is also a parent	7 in 10
If the family head is younger than 25	1 in 2
If the family head is younger than 30	1 in 3

Our nation's astronomical child poverty rates, like our mediocre or worse schools, demonstrate that we have yet to grasp the lesson that, demographically, America cannot afford to waste a single child. We will save our children — and our future — only by making hard national choices and reordering our national investment priorities. The issue is not money but will and values. As *Business Week* magazine commented, "It is time to put our money where our future is." And our future is with our children.

An Achieving Nation: America Can Do Whatever It Puts Its Mind and Will To Doing

One of the most corrosive developments of the 1980s was the propagation of a belief that nothing works and that we can't make a difference — that all efforts to ameliorate problems fail, that public service is a less worthy calling than others, that we all should withdraw from engagement in public life and lead our lives in ever smaller circles, devoting all of our energies to personal gain.

It is as though our entire nation had been put in one of those spirit-squelching, hope-destroying schools in which we bury so many students. Told that in public life we did not have the ability to perform, we stopped trying. Told that as a nation we could not achieve social reform, we gave up the effort. These teachings poisoned public life and contributed to the widespread despair about mending this nation's social fabric.

The lessons taught in this national schoolroom of the 1980s were wrong. Our nation has made real gains when it has paid attention to how we as individuals, as well as how we collectively through government, can help families and communities. We need new schooling on these issues.

The first step is massive public education, and a key component is demonstrating specific solutions. Our message of a national crisis for children must be accompanied now by a message of hope and efficacy. We must let our political leaders know that some things *do* work; that early investment is cheaper than ignorance, illness, teen pregnancy, special education, unemployment, and welfare dependency. That schools with strong leadership, a demanding curriculum, caring staff, and sufficient resources can raise achievement levels substantially. That, when we as a society tried, we effected real reductions in infant mortality, low birthweight, lack of health care, childhood illness, school dropout, achievement gaps based on race, and teen births. And we achieved real increases in achievement, college attendance, nutrition, health status, and longevity.

Many of these gains were slowed or reversed in the 1980s. But we still know that careful, well-monitored public investments work. Head Start works, quality child care works, prenatal care for pregnant women and preventive health care for children make a difference, school breakfasts and lunches fill hungry bellies and help children learn. The black infant mortality rate declined nine times faster in the 15 years after Medicaid began than in the previous 15. We know also what standards assure good state and local services to help strengthen and preserve families.

All of this is no mystery, just common sense. We need to learn a lot more, and to continue the search for new and more effective ways to provide help and to teach children. But we also need to discard simple-minded sloganeering and do more of what we know works.

We must also shed the myth that poor and at-risk children all need massive long-term public intervention. Certainly some children are so damaged that very broad, long-term, and often expensive measures are necessary to help them. But millions of poor children do not fit this stereotype, and most are not in a permanent underclass plagued by intractable problems and requiring huge public expenditures. For many children at risk, modest help for them or their parents is often enough if timely and properly sustained. They need child care, not foster care; a check-up, not an intensive care bed; a tutor, not a guardian; drug education, not detoxification; Head Start, not years of special education; a scholarship, not a detention cell; a vaccination, not a long-term care bed. They need prevention, not remediation. But it has been too hard to get them what they need — even when we know what to do and even when it saves us money.

We *Can* Afford To Build an Achieving Nation

Finally, we must reject the despair that comes from a false belief that our society does not have the resources to solve its problems. There is a widespread sense that America is poorer than it was 10 or 20 years ago and cannot afford any major public undertaking.

Investments to Make and Savings to Gain

PROGRAM	SHORTFALL	PROGRAM BENEFIT FOR CHILDREN	COST SAVINGS
Special Supplemental Food Program for Women, Infants, and Children (WIC) provides nutritional help to the needy.	As of 1989, WIC served only 59 percent of those potentially eligible.	Reduces infant mortality and number of births at low birthweight; improves nutritional outcomes for children in the first six years of life, including reduced anemia rates and better growth rates.	$1 invested in the prenatal component of WIC saves as much as $3 in short-term hospital costs. Improved early nutrition has been shown to be effective in preventing retardation and consequent costs.
Medicaid, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children, puts health care within the reach of the uninsured poor.	As of 1987, less than half of America's poor pregnant women and children were covered by Medicaid.	Results in earlier prenatal care, increased birthweight, decreased neonatal and postneonatal mortality and morbidity, and fewer abnormalities among children receiving comprehensive preventive services under EPSDT.	$1 spent on comprehensive prenatal care saves $3.38; annual health care costs are 10 percent lower for children receiving EPSDT services.
Childhood immunization program protects our children against preventable diseases.	Immunization rates generally fell in the early 1980s. For several groups and types of vaccine they have fallen below 80 percent.	Dramatic declines in the incidence of rubella, mumps, polio, diphtheria, tetanus, and pertussis; reduction in consequent impairments and institutionalization.	$1 spent on the childhood immunization program saves $10 in later medical costs.
Education for All Handicapped Children opens doors to learning for disabled youngsters.	The federal government is not living up to its earlier commitment to share the costs.	Increases the number of students receiving services, increases availability of appropriate services, and results in services being provided in less restrictive settings.	Early educational intervention has saved school districts $1,560 per disabled pupil.
Minimum wage increase (restoring the minimum wage to a level that allows a full-time worker to support at least a small family).	In 1991, after scheduled increases take effect, a worker employed full-time, year-round at the minimum wage still will earn less than 90 percent of a poverty-level income for a family of three.	Increases parental earnings and financial incentives to work; provides adequate economic base to support children.	Reduced expenditures for income support programs targeted on low-income families; increased personal income and payroll tax revenues associated with increased employment and earnings.

Investments to Make and Savings to Gain (Continued)

PROGRAM	SHORTFALL	PROGRAM BENEFIT FOR CHILDREN	COST SAVINGS
Youth employment and training and the Job Corps help prepare disadvantaged young people for the world of work.	Currently only 3 percent of the 1.2 million teenagers officially counted as unemployed are served.	Brings about gains in future employability and earnings for teenagers and young adults.	Every $1 invested in Job Corps yields $1.45 in benefits to American society. Other youth employment and training programs have raised post-program employment rates by nearly one-fourth and annual earnings by more than $1,300 per participant.
Quality child care help enables low-income families to pay their child care bills.	The primary form of child care help—Title XX—lost in 1981 its direction that states have quality standards and lost more than one-half of its money from 1977 to 1989.	The Dodd-Hawkins-Hatch bill would provide more supportive child care, more choices for more parents, and (through state standards) increased safety of child care for children who otherwise would be left untended or in potentially harmful arrangements. Child care also increases well-being of children through higher parental earnings and self-sufficiency.	Child care reimbursements cost the public a small fraction of what monthly welfare payments cost for a family without a working parent. In addition, employers and parents report less absenteeism and greater productivity if there is adequate child care.
Head Start gives disadvantaged youngsters a range of crucial services.	Head Start serves fewer than one in five eligible youngsters.	Increases school success and eventual employability.	$1 invested in quality preschool education returns $4.75 because of lower costs for special education, public assistance, and crime.
Chapter 1 Compensatory Education gives extra educational help to disadvantaged children.	In 1987, Chapter 1 served about one-half of the children who needed remedial education	Linked to achievement gains and maintenance of gains in reading and mathematics while in the program.	Investment of $600 for a child for one year of compensatory education can save $4,000 in the cost of a single repeated grade.

This is dangerous nonsense. A country that is poor and truly cannot afford to tackle its problems and nurture its children is doomed to decline because of its bankruptcy. A wealthy country that lacks the will to solve its problems and nurture its children and excuses itself by saying the cost is too high is doomed by its *moral* bankruptcy.

We do not lack the resources. America's total gross national product is by far the largest in the world. While the U.S. economy certainly has had its problems, we are still considerably wealthier than we were 10 or 20 years ago. For example, from 1976 to 1989 the U.S. gross national product in real terms (after adjusting for inflation) grew 47 percent. Per capita income rose 27 percent. Government (federal, state, and local) revenues rose 47 percent. We do not lack the resources. We lack the will and the leadership.

In a December 17, 1989, *Washington Post* article, "The Costs of Leadership," former Federal Reserve Chair Paul Volcker wrote that America surely can afford to meet its pressing domestic needs: "It's a question of attitude, not of economics. You can afford what you think you really need — within limits. And I don't think we've reached those limits."

Budget Choices for Achieving Children

The tax and spending choices in the federal budget frame our national priorities and shape our society's future. When President Bush proposes for FY 1991 increases in overall federal education funding that are not even sufficient to keep up with inflation, he is proposing to shape our future in ways that will reduce our competitiveness and waste our human capital. He is declaring a similarly skewed view of our national priorities by proposing a capital gains tax cut that would give the wealthiest American families a $70 billion tax break over the next 10 years (and would cut by nearly $5 million Donald Trump's tax bill, if he receives his current asking price for the 282-foot yacht Trump Princess). The same is true when the president proposes to cut our nation's contributions to the United Nation's Children's Fund (UNICEF) by 22 percent in 1991 but to increase by 20 percent federal spending on the National Board for the Promotion of Rifle Practice.

Our nation could make better choices.

- We could put a 10 percent federal excise tax on luxuries — furs, jewelry and gems, private aircraft, boats and yachts (worth more than $15,000), and cars (worth more than $20,000), and with the $1.3 billion a year raised we could pay for Head Start for more than 370,000 three-, four-, and five-year-olds.
- We could cut two of the B-2 Stealth bombers the president wants and instead buy Chapter 1 remedial education services for an additional 2.7 million children.
- We could cancel the $1.8 billion in orders for spare parts and supplies that the Pentagon's own auditors say it doesn't need, and pay for WIC for almost 4 million pregnant women, infants, and children every month for a year.

Who Will Accomplish This Transformation?

You will.

Mikhail Gorbachev is *Time* magazine's Man of the Decade, but he didn't tear down the walls in Eastern Europe. Millions of citizens and committed grass roots leaders tore down the walls. Lech Walesa in 1983 praised his countrymen for the "small, daily acts of courage" that were forging a new consciousness. "This consciousness," he said, "has great impact on reality. This is why we do not have to overthrow the system. [The system] is weaker than the national self-awareness. It either shrinks before it or absorbs it."

Gorbachev's contribution was to do what his predecessors had not — to sense, understand, and galvanize the longings of people for freedom and opportunity. He allowed the absorption of Walesa's new "national self-awareness" into the system.

The great blessing of our country is that we do not have to wait and hope for political leaders who will listen to rather than shoot us. The listening is built into

Budget Choices for Achieving Children (Continued)

This country needs to make better choices and can well afford them, even without waiting for the tens of billions of dollars from a possible "peace dividend." Any *one* of the following would raise enough money to fund the entire CDF Achievement Agenda ($4.58 billion) in FY 1991:

- Raising the excise tax on distilled spirits, beer, and wine to the levels they were at in the early 1950s (adjusted for inflation) would raise $5 billion the first year and *$6 billion* annually thereafter.
- Raising the excise tax on cigarettes to equal the same proportion of the retail price as it did in 1951 (68 cents a pack instead of 16 cents) would raise *$5.5 billion* a year.
- Instituting a tax on the transfer of stocks and other securities (like the taxes imposed in Japan, the United Kingdom, and several other nations that are financial centers) would, if the tax were one-half of 1 percent, raise *$10 billion* annually.
- Ceasing our forgiveness of loans made to foreign governments to cover their purchase of weapons from us would save *$5 billion* year.
- Reducing the tax deduction for business meals, social dues, and other entertainment costs ("three martini lunches") from 80 percent of the cost to 30 percent would raise *$5 billion* a year.

Together, these five steps could fund the entire Achievement Agenda *and* provide enough funds to eliminate poverty in families with children.

$160 BILLION SAVINGS-AND-LOAN BAILOUT
BILLIONS FOR HUD-FHA SCANDALS
UMPTY BILLIONS FOR WEAPONS THAT DON'T WORK
BILLIONS FOR CAPITAL GAINERS
WE CAN'T SOLVE PROBLEMS BY THROWING MONEY AT THEM
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our system. We have been given that gift, along with the obligation to speak up and demand to be heard. But we are not utilizing adequately the gift we have been given.

It is clearer than ever that America will have to be changed by millions of us speaking up — changed from the bottom up, not the top down. Most politicians follow rather than lead, and many of today's top officeholders seem particularly adrift, unfocused, and beholden to special interests, in part because of voter apathy and the nation's campaign financing system.

The people whose ideas and energy will rescue this nation's future are the millions of caring parents, rich and poor, and other committed adults; the millions

of youths who carry a deep-seated passion for equity and justice that young people everywhere have and that so quickly can spark a movement for change; the tens of thousands of religious and lay leaders who still speak out for the poor and the powerless; the thousands of teachers who inspire and challenge the children in their classes every day; and the tens of thousands of workers in service programs that make a real difference in the lives of children and families.

What We Must Do

Step one: We must start in our homes and our neighborhoods. What is our lifestyle telling our children, our grandchildren or nieces or nephews, and our neighbors' children? We want them to read and learn and do homework, to limit their television watching, to be honest with themselves and us, not to resort to violence, not to use drugs or alcohol or cigarettes, to be responsible in their sexual lives, and to be compassionate, engaged, and respectful of others. Are we living lives that set this example? None of us is perfect. But every one of us is capable of doing better, every day.

As the forces of economic, social, and cultural change whirl ever faster, spinning so many vulnerable families away from their moorings and ripping them apart, it is more essential than ever that we parents keep our bearings, get our own spiritual house in order, and set limits for our children. We have to transmit clearly the proper values to our children because modern society has empowered so many outside cultural competitors to teach them other values — such as easy sex, greed, and violence. It is imperative that we teach them by word and deed to reject the feel-good, take-it-all, quick-fix, damn-the-consequences attitudes that dominated the culture in the past decade, and to return to building strong families, strong communities, and a strong nation. We constantly must reiterate a message of achievement and possibility and foster in all of our children a sense of hope, self-worth, and connectedness to the larger community, emphasizing an ethic of service, not consumption.

Step two: Fight for children's right to achieve. Speak out for what they need in the early childhood years, in the schools and in the community. You know more about what your children need than most politicians do. So it's up to you to tell the politicians.

Make sure that the institutions serving your children maximize their potential to achieve. Visit their day care centers. Go to PTA meetings and back-to-school nights, help with homework, visit classes, volunteer in the school, run for the school board. If you are not a parent, realize that you too have a stake in the next generation's achievement. Support the schools, support their funding, support and hold their teachers accountable, volunteer as a tutor, and support community activities that will improve students' achievement.

Whether you are a school board member, superintendent, principal, teacher, parent, or other citizen, attack the factors that contribute to underachievement. Every child can learn and achieve. Believe it. And act on it. Instead of watering down the curriculum for disadvantaged youngsters, beef it up. Instead of assigning minority and poor kids the least prepared teachers and administrators, give them the best. Instead of expecting less from them, *demand* more — and provide the support necessary for them to reach new heights.

Step three: See and understand what is happening to children in your community. Get angry. Get inspired. Demand action. The more we open our eyes and see and respond to the suffering all around us, the more committed we

WHEN IT'S BUDGET CUTTING TIME, THEY ALWAYS START WITH THE EASIEST TARGETS.

Children can't stand up for themselves. Which makes them an easy mark for politicians when they're cutting back. Give children a voice. Yours. Kids can't vote, but you can. **THE CHILDREN'S DEFENSE FUND**

will become. The more we go across town and volunteer at soup kitchens or nursing homes and take our members of Congress and media friends with us, the sooner we will sound a death knell for the politics of illusion, hype, and moral blindness that characterized too much of our national life in the 1980s.

We must personalize child suffering so that leaders can understand and feel deeply the human and fiscal costs of our failure to invest in children. We need a bubbling up of outrage and urgency about children's needs. In 1990 CDF is launching a visitation project to take politicians, business people, journalists, clergy, and other community leaders into intensive care nurseries, boarder baby wards, homeless shelters, decaying housing projects, juvenile courts, and the terrible schools that kill children's curiosity and spirit. Our leaders need to see the future being thrown away. We also want to show these leaders the positive and more cost-effective alternatives, the myriad of programs and services that are working for children.

Step four: Hold your public leaders accountable. Demand that they invest in children. Don't take "no" for an answer. Don't let them hide behind the deficit or tell you to wait for a big "peace dividend."

In 1988 both parties' platforms, and many candidates for governor and Congress, were eloquent about the importance of children to the national future. Presidential candidates and their spouses frequented child care centers and high schools as campaign backdrops. Then-Vice President Bush released a detailed campaign position paper called "Invest in Our Children." But the deeds of 1989 did not begin to match the rhetoric of 1988.

In the states children did not fare any better. Many states won't spend a dime of their own money on such programs of proven effectiveness as Head Start, even though federal funding levels are enough to serve only a minority of eligible children. Many states refuse to take advantage of large federal funding (anywhere from 50 to 80 percent of the cost) to improve as much as possible the coverage of pregnant women and children in the Medicaid program.

The challenge before us is to make clear to our political leaders that we are no longer willing to have children used as central props in their campaigns but pushed backstage when governing begins.

Step five: Keep a clear vision of and belief in a national future in which our children are safe and healthy and educated.

In this decade we must forge a positive new vision of our national future. We need a national identity and focus that do not rely on external enemies to hold us together, but that look instead to internal values that tie us together and give our children an ethical, social, and historical context in which to grow up and enter a new century. We must lead them to a new vision of our country with purposes worthy of its greatness, with a renewal of values that will serve all Americans and nurture its children and future, or we will flounder and ultimately fail.

The histories of the 1980s already are being written. They will say:

- More than 2 million children fell into poverty in the 1980s, while the number of American billionaires quintupled between 1982 and 1989.
- The gap between rich and poor and the rich and the middle class grew. In 1960 corporate chief executive officers earned 41 times what factory workers made. By 1988 they earned 93 times what factory workers made. Almost twice a week the CEO got a check equal to the factory worker's annual salary. A CEO's pay went from 38 times to 72 times that of a school teacher.

Children 1990

Children's advocates must conduct massive public education about the terrible conditions so many children face; the threat those conditions pose to our national security; and the programs, services, and values we know can work in cost-effective ways to help children and families. We need to translate these messages to our politicians, as well.

In 1990, 36 governorships, 6,257 other state offices, 34 U.S. Senate seats, and all seats in the U.S. House of Representatives are up for election. The officials who are elected this year will be making decisions critical to the health, child care, child welfare, education, and safety of children in every state and nationally.

Children cannot vote, but we can. Each of us must register and vote, and encourage others to do so. We must attend candidate forums and pester candidates everywhere they go with tough but respectful questions about children. We should meet with candidates and their staffs to learn more about their positions on children's issues and to provide them with information on the needs of children and how to meet those needs. No national, state, or local candidate should go through any primary or general election without having to explain his or her specific policies designed to strengthen children and families. And we must make clear that after the election we will hold our elected officials to their promises.

To begin this massive public education effort in 1990 and to raise the visibility of children in this year when the public and media will pay heightened attention to issues because of the elections, CDF has launched its Children 1990 campaign. Through Children 1990, CDF will seek to inject children's needs and some achievable solutions to those needs into the consciousness of officeholders, the media, candidates, community activists, and the public.

We began in January by issuing *Children 1990: A Report Card, Briefing Book, and Action Primer*, giving report cards to the nation (grade: unsatisfactory) and to the individual states (average grade: 32 out of 100) on a wide range of indicators of children's well-being and adequacy of state and national investment in children. A summary of that report card appears in the Appendix of this book. The *Children 1990* book also contains questions for citizens to ask candidates for state and national office. The book is available from CDF. (Write Children 1990, CDF, 122 C Street N.W., Washington D.C. 20001. Please include $2.95 per copy.) We hope you will read it, use it, and help disseminate it. Also available are free one-page fact sheets on each state. We encourage you to order those as well.

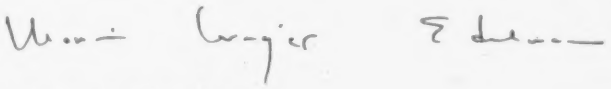
The Children 1990 campaign also includes public service announcements, bumper stickers, and posters.

Our intent is not to influence any candidate's election. It is to use the election year process to build greater bipartisan commitment to meeting children's needs and to begin to reverse the perverse values and budget priorities of the 1980s.

- We engaged in the largest military build-up in peacetime history. Between 1980 and 1988 we invested $1.9 trillion in national defense while cutting tens of billions of dollars for programs to defend poor children and families. We let our schools stagnate and our children's education erode at the precise moment in history that this was most damaging. Momentum built up over decades in raising minority achievement, reducing low-birthweight births and infant mortality, and protecting children against diseases and environmental damage was slowed, stalled, or outright reversed.

If we act now with dispatched resolve, the history of the 1990s can say:

- In the 1990s America came to its senses. Child poverty was wiped out. America stopped clinging to its racial past and recognized that its future was as intertwined with the fate of its poor and nonwhite children as with its privileged and white ones. And, through positive leadership, vision, hard work, and systematic investment in proven strategies, gaps separating minority and poor children from other young Americans were eliminated. As a result, America faced the twenty-first century world with its ideals intact — showing the world through example that all God's children are precious.



Marian Wright Edelman
President, Children's Defense Fund

Family Income and Employment

To thrive, children need to grow up in families with adequate income. No child should have to live in poverty, in a neighborhood where it is dangerous to walk to school or play outside; in an apartment or house that is cold, run down, or hopelessly overcrowded. No child should grow up without enough food to eat, access to a doctor when sick, or reliable, nurturing child care while parents work.

The effects of growing up poor can last a lifetime. Since poor children are more likely to have health problems and poor nutrition, to live in substandard or overcrowded housing or even to be homeless, and to lack access to a good preschool program, they are at far greater risk of educational failure and related problems such as too-early pregnancy and parenthood.

Yet the proportion of American children growing up in poor families has grown by more than 20 percent since 1970. Today, children are the poorest Americans. One out of five American children is poor. Among infants and toddlers younger than three, one in four is poor. A total of 12.1 million children lived below the federal poverty level in 1988, 2.1 million more than in 1979. And many of these children are desperately poor: of all poor families with children in 1988, 43 percent had incomes of less than half the federal poverty level.

In light of the uninterrupted economic growth the United States has enjoyed since late 1982, the pervasiveness of child poverty is astonishing:

Children in young families. More than one-third of all children living in young families (those headed by someone younger than 30) are poor. Between 1973 and 1987, the poverty rate for young families with children nearly doubled, reaching 30 percent.

Children in working families. Having one or more family members in the labor force is no insurance against poverty. Almost half of the 7 million poor families in 1987 had at least one person in the labor force for more than half of the year.

Minority children. Nearly one out of two black children is poor. Among black and Latino children younger than six living in female-headed families, nearly three out of four are poor.

White children. The majority of all poor children in America are white. In 1988, one in seven white children was poor, compared with one in nine in 1979.

Children in single-parent families. More than half of all children who live in female-headed families are poor. Families headed by women made up 23 percent of all poor families in 1959, but a staggering 53 percent by 1988.

Children in two-parent families. One in 10 children who live in two-parent families is poor. One in six black children in two-parent families is poor, as well as one in four Latino children. Child poverty in two-parent families increased by more than one-fifth between 1978 and 1988.

Family Income and Employment at a Glance

Earnings of Young Workers

- The inflation-adjusted earnings of all young people between the ages of 20 and 24 fell by 13.8 percent from 1973 to 1987.

High school dropouts	-26.6%
High school graduates	-13.7%
College graduates	+ 4.0%
White, non-Latino	-10.0%
Black, non-Latino	-27.1%
Latino	-15.0%

Family Incomes

- The median income of families headed by persons younger than 30, adjusted for inflation, dropped by 12.6 percent from 1973 to 1987. For young families with children, the income loss was 24.4 percent.
- The median income of the wealthiest 10 percent of all American families, adjusted for inflation, increased by 17 percent from 1970 to 1987; for the poorest 40 percent of all American families median income fell by 4 percent.

Poverty Rates

For Persons Ages 65 and Older:	in 1970 = 24.6%
	in 1988 = 12.0%
For Children Younger Than 18:	in 1970 = 14.9%
	in 1988 = 19.2%
For Children In Young Families:	in 1987 = 35.6%

AFDC and Food Stamp Benefits

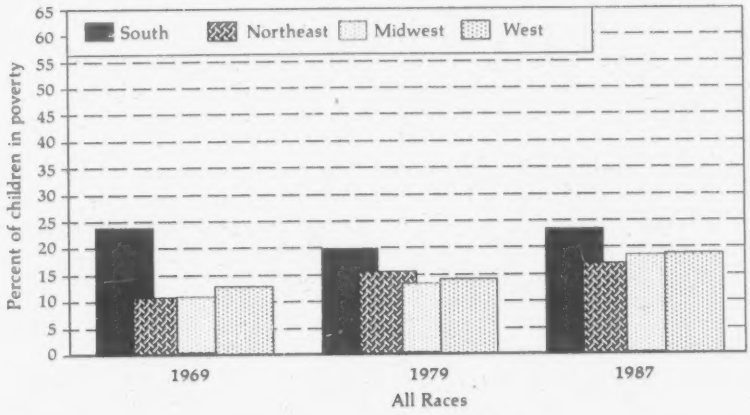
Maximum AFDC grant, adjusted for inflation, for a family of four in the median state:	in 1970 = $701
	in 1989 = $432
	Change, 1970–1989 = -38%
Combined AFDC and food stamp benefits as a percent of the federal poverty line in the median state:	in 1971 = 85%
	in 1989 = 68%
	Change, 1971–1989 = -19%

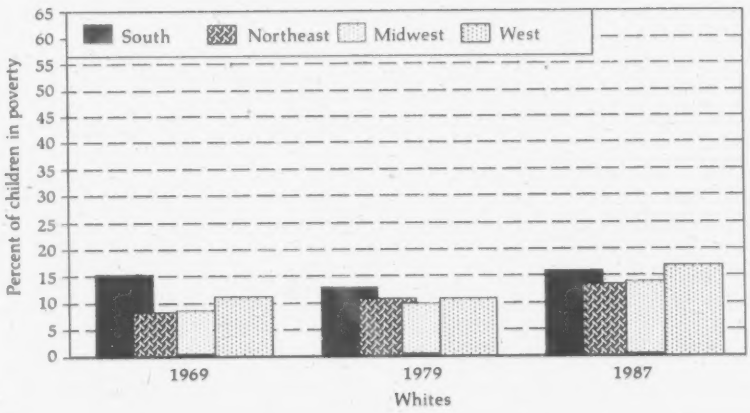
AFDC Benefits in Relation to Rental Housing Costs

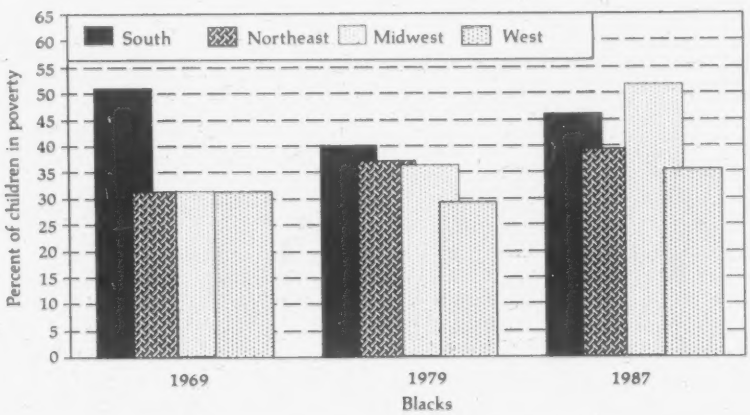
- In 48 states and the District of Columbia, the fair market rent for a modest two-bedroom apartment in the lowest-cost metropolitan area (as set by HUD's Section 8 housing program) exceeded three-fourths of the AFDC grant for a family of three in 1989.
- In 36 states and the District of Columbia, the fair market rent exceeded the *entire* AFDC grant for a family of three.

CHILD POVERTY

Child Poverty by Race and Region







Children in every region. Since the late 1960s, childhood poverty has grown critical in every region of the country. In 1969 southern children were twice as likely to be poor as children living in other regions of the country. By 1987 regional disparities had dropped significantly — not because southern child poverty had improved (the 1987 rate was the same as the 1969 rate) but because poverty had grown by alarming rates in every other region.

Children in rural families. Nearly one in four children living in nonmetropolitan areas (small towns and farms) is poor. Among these poor children, nearly one in two lives in a family with an income of less than half the federal poverty level.

The Roots of Poverty in the 1980s

The pervasiveness of poverty as America enters the 1990s reflects sweeping economic and social changes that have made it more difficult for families to support their children.

As higher paying jobs in manufacturing industries have disappeared, the earnings of many American workers have not kept pace with inflation. The new jobs created in the 1980s were increasingly service sector jobs, far more likely than manufacturing jobs to be part time, temporary, or to pay low wages. As a result, more and more families with children have needed both parents in the work force in order to make ends meet. Families without two wage earners — most notably single-parent families — have suffered the greatest economic losses.

Young Workers

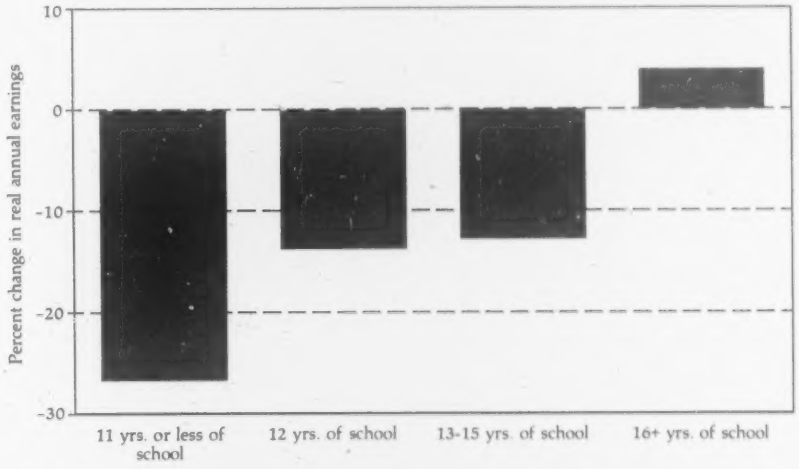
Changes in the American economy are illustrated most dramatically in the fortunes of young workers. Between 1973 and 1987, the median earnings of all young family heads (adjusted for inflation) dropped by 24.1 percent. Young school dropouts lost nearly 27 percent of their inflation-adjusted earnings, but even young high school graduates suffered a nearly 14 percent loss. In each group, minority youths consistently fared the worst.

Young men lost more earning power than young women in recent years, both because they were more likely to have held better-paying manufacturing jobs in the early 1970s and because their job prospects have deteriorated substantially since then. Employment rates for male dropouts between the ages of 20 and 24 fell by more than 10 percent between March 1974 and March 1988. For all young black men, the proportion holding jobs dropped by 13 percent; for young Latino men, employment rates fell by 7 percent. While nearly three-quarters of all young whites not enrolled in school were employed in March 1988, only slightly more than one-half of all young blacks and two-thirds of young Latinos held jobs.

The failure of the federal minimum wage to keep pace with inflation during the 1980s depressed the earnings of all low-wage workers, but young workers bore a disproportionate share of this loss. In 1979 full-time, year-round work in a job paying the minimum wage lifted a family of three out of poverty. A decade later, minimum wage employment left a family of three about 30 percent *below* the federal poverty level.

EARNINGS BY EDUCATION

Percent Change From 1973 to 1987 in Annual Earnings of 20- to 24-Year-Olds (Adjusted for Inflation) by Years of Schooling Completed[1]



• Young men's earnings have fallen sharply. Women's wages were lower to begin with, but young women without college education have barely held that ground.

[1]Subjects' major activity was not schooling at time of interview.

After nearly nine years without a minimum wage increase, Congress enacted legislation in the fall of 1989 to raise the federal minimum wage in two steps from $3.35 per hour to $4.25 per hour by April 1991. Nonetheless, even after the scheduled increases take effect, a parent working full time throughout the year at the minimum wage will earn less than 90 percent of the poverty level income for a family of three.

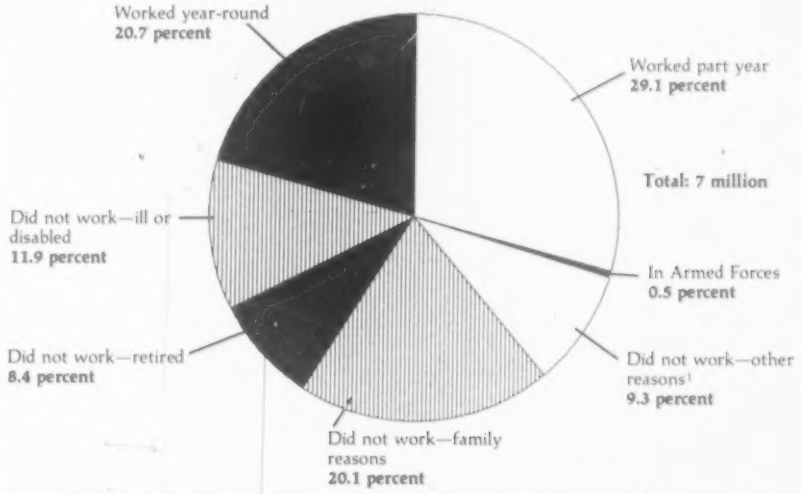
The Working Poor

Changes in the job market and the reduced value of the minimum wage mean that many families are poor despite their best efforts to escape poverty through work. In 1987 nearly half of all poor families had at least one family member who was working or looking for work during most of the year. Research on heads of poor households in 1984 showed that roughly two-thirds of those who were not disabled, elderly, or single parents of small children were employed either full or part time.

Nearly 2 million Americans worked full time throughout 1988 but earned such low wages that they remained poor. Another 6.5 million worked either part time or part of the year but were unable to escape poverty. The proportion of poor workers who work part of the year because they cannot find full-year work

WORK AND POVERTY

Work Status of Poor Family Householders, 1986



Source: Mark S. Littman, "Reasons for not working: poor and nonpoor householders," *Monthly Labor Review*, August 1989.

[1]Includes those who reported "going to work," "unable to work," and other uncoded reasons.

has skyrocketed, increasing from 48 percent in 1978 to 70 percent in 1986. Poor workers are four times more likely than nonpoor workers to suffer periods of unemployment or to work part time even though they prefer full-time employment.

Many poor workers are hampered by limited education, which is one of the most reliable predictors of low earnings. Minority workers also struggle against continuing employment discrimination. For example, black workers consistently earn less than white workers with comparable education. Finally, poor workers tend to have jobs that provide less on-the-job training, making advancement to better-paying jobs less likely.

Female-Headed Families

The increases in poverty spawned by economic changes are compounded by shifts in the composition of American families. More than half of all children born today will spend a part of their childhood in a female-headed home, which greatly increases their chances of living in poverty. Twenty-three percent of all poor families were headed by women in 1959. By 1988 the proportion had risen to 53 percent.

The increasing number of female-headed families in part reflects sweeping social changes in America, but it also is linked to the economic changes of the past two decades. The declining earnings of young workers have undermined their ability to marry and form stable families. Young men between the ages of 20 and

29 who cannot earn enough to support at least a small family are three to four times less likely to marry than those with adequate earnings. As the earnings of young men declined from the early 1970s to 1987, their marriage rates fell by one-third. According to Andrew Sum of Northeastern University's Center for Labor Market Studies, between one-fourth and one-half of this drop in marriage rates can be attributed to young men's earnings losses.

Decreasing marriage rates mean more children in poverty, since women generally earn less than men and single mothers cannot supplement their low earnings by sending a spouse into the labor force. Among full-time, year-round workers in 1988, women's median income was 68 percent of men's median income, and nearly two-thirds of all minimum wage workers were women. One in three female-headed families was poor in 1988, compared with one in nine families overall.

For many single mothers, escaping from poverty through work also is hindered by educational deficits. Nearly half (47 percent) of all poor female heads of household have not finished high school. But even when the lack of education or weak basic skills does not shut single mothers out of the job market, the cost of child care is likely to rob them of their paychecks. Andrew Cherlin of Johns Hopkins University found that among mothers receiving Aid to Families with Dependent Children (AFDC), child care consumed 32 percent of their earnings, more than three times the average for all working mothers.

The Federal Government Has Not Responded

The federal government not only has failed to address the changing economic and social conditions that have weakened the ability of American families to support children, it actually has retreated from its previous commitments to aid poor families.

There are three basic ways in which the federal government can respond to the needs of poor families. First, it can invest substantially in education and training to prepare all Americans for full participation in our changing economy. Second, in a variety of ways the federal government can supplement the incomes of workers who are employed at wages inadequate to support a family. Third, it can provide basic income support to families in which parents are unable to work or to find work.

Employment and Training Programs

JTPA. The federal government's major job training program — the Job Training Partnership Act (JTPA) — represents only a modest investment in improving the basic academic and vocational skills of disadvantaged youths and adults. Current funding is adequate to serve only about 5 percent of the eligible population, and the program's current allocation formula fails to direct funds to the geographic areas where they are most needed. Moreover, the excessive emphasis on short-term results discourages most communities from developing truly comprehensive training efforts that could be more effective in helping families permanently escape poverty.

Job Corps. Although the federal Job Corps has a strong record of success in training young high school dropouts with poor employment prospects it does not come close to meeting the need. The program serves roughly 40,000 young adults at a time, but some 750,000 adolescents drop out of school each year.

The JOBS Program. The new federal welfare reform law — the Family Support Act of 1988 — will provide additional federal support for state education, training, and employment efforts for AFDC families. Implementation of the new Job Opportunities and Basic Skills (JOBS) program started in roughly half of the states in late 1989, and all states must begin JOBS programs for AFDC recipients by October 1, 1990.

The scope, quality, and effectiveness of the JOBS program will depend primarily on the willingness of each state to invest its own matching funds in intensive programs that realistically address recipients' employment and training needs. In depressed areas where private sector employment is scarce, however, even the most ambitious state JOBS programs are likely to have little impact. AFDC families in rural communities are particularly likely to be bypassed by these new initiatives because the federal law does not require states to operate JOBS programs in remote areas. Child care shortages in some states also may limit JOBS participation, since states are required to provide child care for JOBS participants who need it.

Income Supplements

Most Americans believe that those who work should not be poor. Yet the federal government has failed to supplement adequately the wages of millions of low-income workers who remain poor despite their best efforts to support their families.

Earned Income Credit. A major source of direct federal assistance to low-income working parents is provided through the Earned Income Credit (EIC). More than 11 million low-income families were eligible for the EIC in 1988; most families with incomes between $5,000 and $11,000 qualified for a credit of at least $700. Since the EIC is refundable, eligible low-income families can benefit even if they owe no federal income tax or have no income tax withheld from their paychecks.

This wage supplement for low-income working parents, while effective, has some serious weaknesses. The size of the maximum annual credit — $910 per family — remains too small to lift many families out of poverty. And because the EIC does not increase as family size increases, it is particularly inadequate for larger families.

Food stamps. One of the few direct income supports available to the working poor, food stamps provide an essential non-cash supplement to assist low-income families. However, the program currently fails to reach between one-third and one-half of those eligible, according to a Congressional Budget Office study. Moreover, food stamp benefits are too low to ensure an adequate diet. Even though, according to the House Select Committee on Hunger, "low-income families spend their food budget dollars more efficiently than higher-income households," the federal Food and Nutrition Service has found that only one in 10 low-income households can meet the recommended dietary requirements by using only the maximum food stamp benefit.

By assuming that non-elderly families with some cash income can spend 30 percent of their income on food to supplement their food stamp allotment, the food stamp program also fails to consider the needs of families with high shelter costs. The federal Department of Housing and Urban Development and the Census Bureau both report that nearly one out of every two poor renters spends at least 70 percent of income on rent and utilities. Thus, even when they receive food stamps, many poor families are forced to choose between paying the rent and maintaining an adequate diet.

Energy assistance. Low-income families receive help paying their home energy bills through the federal Low Income Home Energy Assistance Program (LIHEAP). Because federal funding for LIHEAP has been slashed by one-third in five years, from $2.1 billion in FY 1985 to $1.4 billion in FY 1990, the program in almost every state now covers no more than 30 percent of the average annual home energy costs of poor families. As a result, even with the help of LIHEAP funds, families that participate in the program still must spend between 15 and 20 percent of their annual incomes on energy bills.

The Federal Safety Net for the Poor

One of the most basic responsibilities of government is to provide a safety net for those who cannot work because of illness, disability, family responsibilities, or spells of unemployment. Yet the existing federal-state structure for meeting the most basic income needs of poor families is a tattered patchwork, increasingly inadequate to meet the realities of the 1990s.

AFDC. Aid to Families with Dependent Children (AFDC), the main federal-state income support program for poor families, is reaching a dwindling proportion of poor children and providing those it does reach with less and less assistance.

Federal budget cuts in the early 1980s narrowed AFDC eligibility for poor single-parent families substantially. In 1973 AFDC benefits were provided to 83.6 children for every 100 poor children; by 1987 AFDC benefits reached only 59.8 children for every 100 poor children.

Each state sets its own standard of need to determine a family's initial eligibility for assistance. In the state with the median need standard, the standard fell by 30 percent between 1970 and 1989, meaning that only the most desperately poor families now qualify for AFDC in many states.

Rigid categorical restrictions on eligibility and burdensome verification requirements often disqualify even the neediest families. Although every state is required to have an AFDC program for poor two-parent families by October 1990, federal rules and state decisions regarding eligibility are likely to persist in denying benefits to many of these families.

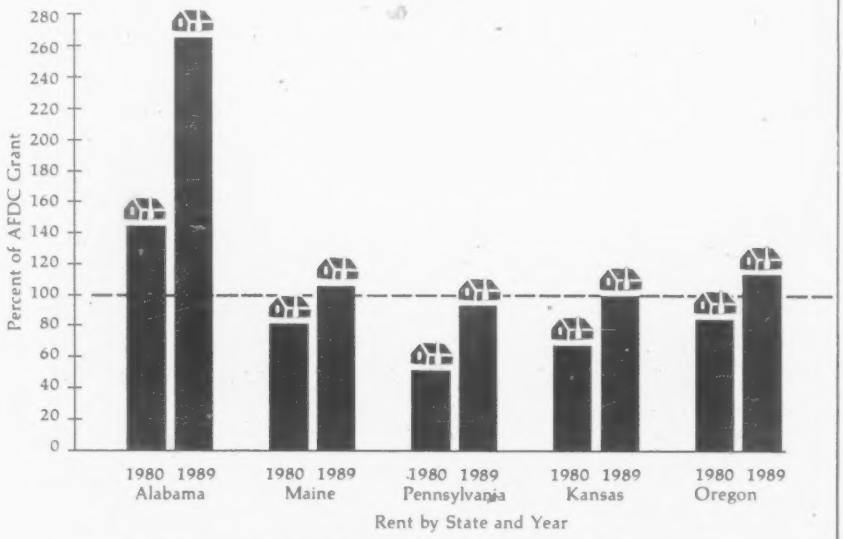
For poor families that manage to qualify for assistance, AFDC benefit levels have fallen dramatically in virtually every state. In constant dollars, the median state's maximum benefit for a family of four fell by 38 percent between 1970 and 1989. Maximum grant levels kept up with inflation in only two states — California and Maine.

At the same time, the cost of modest housing has skyrocketed, outstripping the meager benefit increases in most states and eating up more and more of an AFDC family's dwindling grant. In 37 states, the fair market rent set by HUD for a modest two-bedroom apartment in the metropolitan area with the lowest housing costs is more than a three-person family's entire AFDC grant. In all but three states the rental cost of such an apartment eats up at least three-quarters of a small family's monthly grant. While it always has been difficult for AFDC families to find affordable housing, it is now virtually impossible unless they double up or settle for housing that falls below minimum standards of safety and decency.

The inadequacy of current AFDC benefits is illustrated further by comparing them with home energy costs. According to a recent study by the National Consumer Law Center, average home energy bills exceeded one-fourth of the maximum AFDC grant for a family of three in more than half the states. In

AFDC GRANTS AND HOUSING COSTS

Rental Costs of a Modest Two-Bedroom Apartment[1] as a Percentage of the Maximum AFDC Grant for a Family of Three, 1980 and 1989[2]



[1]Fair market rental values based on United States Department of Housing and Urban Development levels in lowest-cost standard metropolitan statistical areas for existing housing under Section 8 Housing Assistance Program, effective 1980 and October 1, 1989. Fair market rent represents amount determined by HUD as necessary to rent two-bedroom, privately owned "decent, safe, and sanitary rental housing of a modest (non-luxury) nature."

[2]Based on maximum AFDC benefits for three-person family with no income, July 1980 and January 1989.

about 35 states, average energy costs during the winter months leave AFDC families receiving the maximum grant for a family of three with less than $60 per week to spend on all other family needs.

Child support enforcement. In theory, child support payments could help close the income gap for some single-parent families. As a December 1989 report by the Congressional Research Service notes, "child support payments *per se* are unlikely to lift the majority of families out of poverty or eliminate the need for welfare programs. . . . [However,] child support payments could help reduce the severity of poverty for many non-AFDC children even if it did not end their poverty."

States are required to provide child support enforcement services to welfare families and to other families that request assistance. The joint federal-state program designed to fulfill this responsibility, called the IV-D program, falls far short of meeting the mandate, however. Because child support enforcement

offices typically are underfunded and understaffed, they do not move cases quickly or effectively. The U.S. General Accounting Office reports, for example, that the IV-D program failed to establish paternity for three out of every five AFDC children whose paternity was not established previously. In many other cases no child support award has been entered on the child's behalf.

Even when paternity is established and a support award exists, nonpayment of child support is epidemic. According to 1985 census data, among mothers who were supposed to receive child support only one in four received the full amount due. Half received no payments at all.

Unemployment insurance. Although many Americans assume that unemployment insurance provides a temporary lifeline for all jobless workers and their families, fewer than one-third of all unemployed workers received unemployment benefits in 1988. As recently as 1980, half of all unemployed workers received such benefits. Since adoption of more restrictive federal and state eligibility rules during the 1980s, unemployment insurance now rescues far fewer jobless workers than it misses.

Other federal programs, including AFDC emergency assistance and Supplemental Security Income (SSI), also provide help to low-income families for specific purposes or in certain situations. The effectiveness of these programs also has suffered as a result of the retrenchments of the 1980s.

All of Society Has a Role To Play

The problems of the poor are not monolithic. While some families remain poor for prolonged periods, others experience only brief spells of poverty. Many married couples already have the skills and resources to support their families but may need emergency income assistance from time to time during employment or health crises. A single parent with good employment prospects may need child support enforcement services or help paying for decent child care.

Other families need more intensive and more long-term supports, either because of specific family circumstances or because they live in economically depressed regions. Some parents have such limited skills they need substantial education and training before they can earn a living wage. Some parents need counseling, health care, or housing assistance even before they can participate in education and training efforts. Finally, some families with disabled adults or children with special needs simply cannot support themselves and need ongoing government support.

The Primary Role of Parents

Parents have primary responsibility for providing adequate income for their families. Childbearing among young men and women who are unable to support their children is a major contributing factor to recent increases in child poverty. But the responsibility to postpone childbearing has practical limits. Young people with bleak employment prospects cannot be expected to wait forever to start families. And even the best efforts of parents to support their families are not always sufficient in an economy that generates large numbers of jobs at below-poverty wages and leaves persistent pockets of joblessness during periods of general prosperity.

Businesses, Communities, and States Can Help

- In Florida, businesses in four counties are working with the state through the Florida Compact program to help give youths the education, employment, and training skills they need to achieve self-sufficiency. Targeted at school districts with high dropout and youth unemployment rates, the program creates a business/school partnership that allows youths to explore vocational and career opportunities while they remain in school.

  In Okaloosa County, Florida, an engineering applications firm helped create a satellite school at its local plant for 15 tenth-graders. These students attend classes and work part time at the plant. For the first semester of the 1988-1989 school year, the participating Okaloosa students showed a 42 percent increase in grade point average and a 30 percent decrease in days absent.

- In St. Louis, Missouri, neighbors are helping neighbors through Consolidated Neighborhood Services' Member Organized Resource Exchange (MORE). Targeted at female heads of household, their children, and the elderly, MORE is a self-help volunteer service that trains low-income residents and other volunteers to link those in need with available services and resources. Each year hundreds of area residents are trained to act as MORE volunteers. Trained leaders who live in the neighborhood set up communications centers in the home, and each neighborhood has a computer that helps volunteers identify resources for neighbors in need.

- In Minnesota, the state is using its Job Opportunity and Basic Skills (JOBS) program to approach the needs of welfare families holistically. As part of the assessment of each JOBS participant, caseworkers are required to compile information about the family's need for supports beyond education and training, including housing assistance and health care. Caseworkers must refer JOBS participants whose children need preventive health care to Medicaid's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program and, in the case of teen parents, must include the results of their children's screening in the JOBS employability plan.

While no amount of public or private intervention can substitute for sustained efforts by parents to support and care for their children, all segments of society have roles to play in removing the obstacles to family self-sufficiency and in helping families facing economic emergencies.

Employers

Employers can help strengthen families through wage and personnel policies. Ensuring that wage levels are adequate to support at least a small family,

and that eligible workers get advance payment of the Earned Income Credit to supplement those wages are obvious first steps. Training and apprenticeship programs for disadvantaged youths and adults, coupled with employment practices that guarantee equal opportunity for minorities and women, also can have a positive impact on poor families. Finally, employers can help single parents and parents of young children participate in the labor market by providing child care assistance, paid parental leave, and flexible or part-time work schedules that accommodate family responsibilities.

Community Groups

Community groups, religious organizations, and individuals also can assist poor families facing immediate threats or crises. Community food banks and soup kitchens, job counseling efforts, homeless shelters, and help finding permanent housing are examples of essential responses to urgent family needs. Churches, nonprofit organizations, and concerned individuals often are in the best position to identify poor families' needs and advocate for effective programs to serve them. At best, however, these efforts only ameliorate the damage caused by poverty; they rarely address its underlying causes.

The reasons for poverty are too complex and the experience of poverty is too pervasive to be addressed by families, employers, or communities alone. A comprehensive public response, involving federal, state, and local governments, is needed.

State and Local Governments

States make many of the key decisions regarding levels of investment in programs that affect poor families, including AFDC, education, job training, and child care. Even the most enlightened federal policies to promote adequate family income and economic self-sufficiency will be ineffective if states implement these policies inefficiently or fail to invest adequate state resources when required.

But states can do more than administer federal programs well. They can take steps of their own to assist poor families, experimenting with creative solutions to their needs and compensating for inadequacies in federal efforts. States can enact minimum wage laws that ensure working parents a wage that will support at least a small family; 15 states and the District of Columbia now mandate minimum wages higher than the federal wage floor. States also can restructure their state income tax to eliminate the tax burden on low-income working families, as 17 states already have done. And they can develop innovative ways of combining income support and other services to promote long-term economic self-sufficiency. For example, Minnesota, Washington, and Wisconsin have sought new ways to simplify and strengthen basic income supports available through AFDC, food stamps, and child support enforcement.

Local governments must make sure that public programs respond effectively to poor families' needs. For example, local governments can insist that services be located in poor communities, not in remote parts of town. Beyond that, responsible local governments can contribute local funding to fill in the gaps left by inadequate state programs.

Yet because poverty is tied to the shortcomings of our national economic policies, and because state resources and investments to meet the needs of poor families vary greatly, the federal government must accept primary responsibility

for ensuring a basic income floor below which no family is allowed to slip. When the federal government accepted this responsibility for older Americans, their poverty rates dropped sharply. The government now must commit itself to protecting children from the harmful effects of inadequate income.

Recommendations

Federal Government

To improve income supports for poor families, the federal government must:

- **Expand the Earned Income Credit.** A larger credit for all poor working families, along with increases in the size of the credit as family size increases, will make the EIC more effective.
- **Restore the value of the minimum wage.** Following the scheduled increases in 1990 and 1991, the federal minimum wage should continue to be raised in incremental steps until it reaches the level at which full-time, year-round employment provides earnings adequate to lift a family of three out of poverty. Thereafter, federal legislation should provide for automatic annual adjustments in the minimum wage to keep pace with the cost of living. Finally, the coverage of the minimum wage should be broadened to ensure that all workers are protected by it.
- **Strengthen vocational training through JTPA and Job Corps.** Federal JTPA funds should be targeted to communities with the greatest proportions of economically disadvantaged youths and adults, and greater emphasis should be placed on serving individuals with multiple barriers to employment. Amendments to JTPA in 1990 should include special efforts to assist inner-cities and poor rural areas and to replicate successful training programs. Job Corps funding should be expanded steadily in future years to allow more young people to participate.
- **Improve the AFDC program.** The federal government should require states to revise their need standards so they accurately reflect living costs and to raise benefit levels so they meet those costs. At a minimum, states should be given incentives to increase grants to reflect higher housing costs. Each state also should have the option (now available to some states) to allow families to keep outside income that helps them fill the gap between the AFDC grant payment and the standard of need. Finally, arbitrary restrictions on AFDC eligibility for needy two-parent families should be eliminated.
- **Enhance food stamp benefits.** Program improvements should include increased benefits for families with high housing costs as well as a higher basic benefit level to reflect the current cost of obtaining a nutritionally adequate diet.
- **Plan ahead for the possibility of another recession.** The government is unprepared to respond, in the event of another recession, to a resulting rise in unemployment. The federal government should establish a framework for cost-effective job creation efforts immediately so a response can be activated quickly if unemployment rises early in the 1990s.

State Government

Each state should:

- **Mount statewide job training initiatives,** especially for young workers. School-to-work transition programs, youth conservation and service corps, and technical assistance efforts to improve the quality of remedial education and vocational training all represent important state efforts to bolster future economic self-sufficiency in young families. States also should make sure that implementation of the new federal welfare reform law includes adequate investments in the comprehensive education and vocational training that many AFDC recipients need to compete in the job market.
- **Improve state AFDC benefits.** Each state should ensure that its standard of need reflects the real needs of poor families. Benefit levels should be increased so that by 1994 combined AFDC and food stamp benefits meet 100 percent of poverty-level need.
- **Raise the state minimum wage.** As the federal minimum wage has lost ground to inflation, nearly one-third of the states have amended their own wage laws to provide a more adequate wage floor. Until the federal minimum wage yields a living wage for full-time workers, every state should raise its own minimum to the level that allows such workers to lift a family of three out of poverty.
- **Strengthen child support enforcement.** States should allocate enough money to provide effective child support enforcement services to families on welfare and to nonwelfare families that request assistance. In addition, states should fully implement the new child support enforcement provisions of the Family Support Act and comply with its new time lines. The savings states accrue as a result of better child support enforcement should be reinvested to help meet the needs of poor children.
- **Remove working poor families from the state tax rolls.** As one-third of the states already have done, states should take steps to ensure that poor workers do not pay state income taxes. States also should consider creating state earned income credits that provide additional assistance to low-income workers.

The Local Level

Each community should:

- **Provide and coordinate emergency services** such as soup kitchens, housing shelters, and assistance finding permanent housing.
- **Ensure the availability of support and counseling services** and their placement in accessible locations. Each community should develop effective outreach efforts to link poor families with available services.
- **Provide tutoring, mentoring, and job counseling** on an individual basis so that poor families can be helped to help themselves.

The Private Sector

The business community should:

- **Offer responsive employee benefits** that help families escape poverty. These include adequate wages, family health insurance that is free or at least affordable for all employees, and assistance in meeting employees' child care

needs. Employers can help poor employees at little or no cost by ensuring that those eligible for advance payments of the Earned Income Credit receive them as part of their regular paychecks.

- **Cooperate in child support efforts.** Employers are required to assist in the collection of child support through wage withholding. By submitting withheld child support payments regularly and helping states find employees who change jobs to evade their child support obligations, employers can improve the lives of poor children directly.

Child Care and Child Development

The care and experiences of young children during the earliest and most critical years of their development can either build or undermine the foundation for their future learning and achievement. When their safety is ensured, their health needs are identified and addressed, their natural intelligence is stimulated, and their needs for stability and security are met, young children can develop and enter school fully equipped for the challenges of learning. In contrast, when their health and safety are ignored and their intellectual and emotional development is stunted through neglect, obstacles to achievement quickly multiply and often frustrate later attempts to learn in school.

More than 10 million children younger than six (51 percent) now have mothers who work outside the home. By 1995 two-thirds of all preschoolers and four out of five school-age children will have mothers in the work force. For this growing number of children, the foundation for future learning and achievement often depends upon good child care. All children need a safe and healthy physical environment while in out-of-home care. In addition, such children need enough nurturing and sustained interaction with adults to ensure that they are inquisitive, trusting, and secure as they grow. Without these basics, children cannot thrive during their crucial developmental years before entering school.

The opportunity to participate in a high quality early childhood development program is especially important to low-income youngsters. Without comprehensive programs that intervene early in their lives, these children are likely to fall behind their peers when they begin school. Early childhood programs that address children's health and nutritional needs, involve parents, provide support and counseling to families, and contain a solid educational component make a difference in the ability of poor children to achieve.

Not all families with children have the same child care needs or require the same level of assistance to meet them. For single parents and two-parent families with low and moderate incomes, paying for child care or preschool programs often is an enormous burden, consuming as much as one-third to one-half of their limited incomes. If their children are to receive safe and good quality child care and early child development experiences, such parents need help in paying for them.

Good quality out-of-home care consists, at minimum, of settings in which children's health and safety are protected, their curiosity and talents encouraged, and their sense of security and trust assured. Yet recent public opinion surveys reveal the widespread dissatisfaction of parents with the quality of their child care arrangements. Ninety-seven percent of parents cite "quality" as their top priority in child care, and 74 percent say it is difficult to obtain child care that is both affordable and of good quality. Surveys also suggest that concerns about quality are rising: between January and August 1989 the proportion of parents with children younger than six who were dissatisfied with the quality of child care more than doubled from 12 percent to 25 percent.

Child Care At a Glance

Children With Employed Mothers

Total number of children younger than six living with their parents in 1988:	19.9 million
Total number of children younger than six with mothers working outside the home in 1988:	10.2 million
Proportion of children younger than six with mothers working outside the home:	
in 1970:	29 percent
in 1988:	51 percent

Primary Child Care Arrangements

Primary child care arrangements for preschool children with employed mothers is provided by:

Relatives	48 percent
Family day care homes	22 percent
Child care or preschool centers	23 percent
Nonrelative, in child's house	6 percent

Average Annual Costs of Child Care

U.S. average	$3,432
New York City/Manhattan	$8,944
Boston	$5,668
San Francisco	$4,264
Washington, D.C.	$3,952
Chicago	$3,900
Milwaukee	$3,536
Los Angeles	$3,484
Miami	$2,964
Tampa	$2,392

State Child Care Standards

- Twenty-two states permit five or more babies to be cared for in child care centers by a single staff member without an assistant, and at least 10 states permit family day care providers to care for five or more babies alone.
- Twenty-nine states and the District of Columbia do not guarantee that parents can drop in unannounced to their children's child care center.
- Twenty-one states and the District of Columbia do not require any form of training for family day care providers.
- Twenty-three states and the District of Columbia do not have specific requirements for ongoing training for staff employed in child care centers.

Head Start Enrollments

- In FY 1989, 452,000 children, approximately one in five of all those eligible, participated in Head Start programs.
- Fifty-one percent of all Head Start families have annual incomes of less than $6,000.
- Fifty-four percent of all Head Start families are headed by single parents.

Minimum health and safety standards, decent salary levels and training for caregivers, small group sizes, and low child-to-staff ratios all increase the likelihood that children will be cared for in a safe and stimulating environment. Resource and referral programs also strengthen parents' ability to locate good quality child care that meets their needs and to be informed consumers of such care. These steps to promote quality child care are particularly important to low-income parents who typically have the least resources to monitor and ensure the quality of care themselves and the greatest difficulty in locating and affording safe, good quality care.

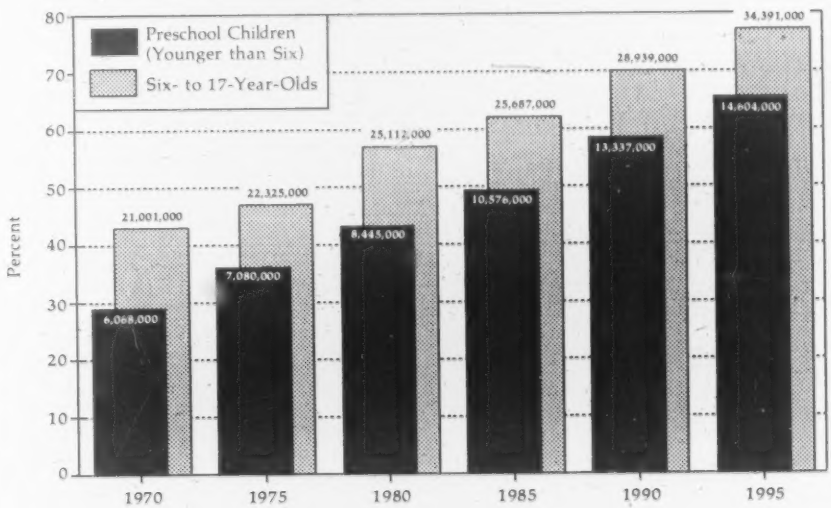
Finally, all families need and benefit from a good supply of affordable, quality child care. Grant and loan funds to help with start-up or renovation costs, recruitment of family day care providers, and direct contracts to support new subsidized child care programs are key ways of ensuring that the supply of child care is adequate to meet the rising demand.

Too Many Children Fail To Get the Care They Need

America's fragmented child care system has been overwhelmed in recent years by soaring demand and grossly inadequate resources. States and local communities have been forced in the face of such pressures to choose between helping poor families pay for child care, improving the quality of child care, increasing the abysmally low salaries of child care workers, and building up the supply of child care programs. In most cases, their efforts in each of these areas — affordability, quality, and supply — have fallen far short of what is needed.

RISING DEMAND

Children with Mothers in the Labor Force, 1970-1985, and Projected, 1990-1995



Affordability. The majority of mothers who now work are employed full time. More than two of three employed mothers with children younger than three work full time, as do more than three out of four employed single mothers with children in that age group. And the demand for child care will continue to increase as women's labor force participation grows. In 1988 fewer than one of four families with children matched the stereotype of a traditional family in which the father is employed and the mother stays at home to care for the children.

More and more families need both parents in the labor market to offset declining wages, put food on the table, and pay the mortgage and medical bills. Between 1973 and 1987, the median income of all families with children actually declined by 4 percent despite substantial increases in the proportion of families in which both parents worked. The growing economic plight of families with children is particularly pronounced among those headed by parents younger than 30: their median income plummeted by nearly one-fourth during this same period.

Single parents often have no choice but to work outside the home. Single-parent families with young children are far more likely to be poor than other families. In 1987 half of all female-headed families with children younger than six had annual incomes of less than $7,013. One in five children today will live in a single-parent family at some point during childhood.

The burden of paying for child care can be overwhelming for poor families. It costs an average of nearly $3,500 a year to provide full-time care for a single child — half of the entire median income for a single mother with young children, and nearly half of the earnings of a full-time worker employed year round at the minimum wage. Without help in paying for such care, the ability and incentive of many parents to seek work and remain employed can disappear quickly. Subsidized child care currently available is inadequate, as swelling waiting lists for subsidized care illustrate. Not every state compiles or maintains such lists; those that do, however, provide a glimpse of how many children nationwide are denied access to subsidized care. Examples from mid-1988 include:

Children on Waiting Lists for Subsidized Child Care

California	135,000 children
Florida	25,000 children
Illinois	20,000 children
Indiana	3,650 children
Louisiana	9,924 children
North Carolina	10,000 children
Pennsylvania	6,000 children
South Carolina	2,500 children
Wisconsin	3,500 children

Even in these states, countless other parents are too frustrated to put their names on lists that stretch into the thousands. In California, which has a relatively well-developed system of subsidized child care, the state estimates that only about 7 percent of all eligible children receive child care assistance.

Quality. While millions of families cannot afford safe child care, millions of additional families find that even if they can afford it, the quality of the child care that is available leaves much to be desired.

One of the critical factors that determine quality is the caliber and stability of staff who care for children. But during the past decade the annual turnover of child care staff nearly tripled from 15 percent to 41 percent, according to the National Child Care Staffing Study, the product of research recently conducted by the Child Care Employee Project (CCEP). The extraordinarily low wages paid to child care providers are a major cause of such unacceptably high staff turnover rates. Staff earning $4 per hour or less had turnover rates twice as great as staff paid at least $6 per hour. Inflation-adjusted wages for child care teachers declined by more than one-fifth over the past decade.

The quality of child care also is influenced by the experience and qualifications of caregivers. Programs staffed with teachers who have had a formal education — such as early childhood training in college — and who are rewarded with better wages and benefits, are higher quality child care programs, the CCEP study found. Specialized training also enables staff to deal with emergencies and stress and to understand the particular needs of young children.

Other important factors affect the quality of child care. Small group sizes and manageable child-to-staff ratios are essential for adequate adult supervision and good adult-child interactions. Activities tailored to a child's age and skill level encourage optimal development and achievement. Sustained parental involvement ensures good communication and cooperation between caregivers and parents in responding to each child's individual needs. Finally, good health and safety practices are essential to ensure that children are protected from injury and illness.

Supply. Even if every family could afford child care, there is not enough care of acceptable quality available to purchase. The supply of safe and affordable child care in most states and communities is inadequate.

- As of April 1989, the San Diego Resource Service's data base contained 2,325 family day care homes and 645 day care centers available for referrals. However, according to the Congressional Research Service there is a need for 80,404 additional spaces in San Diego.
- The Diversified Community Services Day Care in Philadelphia has 100 infants enrolled in its program and has a waiting list of 100 infants and toddlers.
- Union Bay Child Care in Seattle enrolls 18 infants and toddlers in its child care program and maintains a waiting list of 233 infants and toddlers.
- In 1986 Washington State used only 39 percent of its day care centers and 44 percent of its family day care homes to care for infants.

One of the barriers to expanding child care supply is the start-up cost, which can discourage many religious organizations, community groups, and individual family day care providers from establishing new child care programs. In the absence of grants or loans to cover such costs at the outset, payment for the cost of care often provides too little and comes too late to enable new programs to get off the ground.

Finding good child care is a formidable task for all parents in many communities. However, certain types of care — including care for infants and toddlers, before- and after-school care, and care for children with special needs — are in particularly short supply.

The demand for infant care is extraordinary both because of the large influx of new mothers into the work force and because infants require more attention and care than do older children. Yet the supply of such care remains far too limited in most areas. A recent survey of child care needs in three urban areas (Camden and Newark, New Jersey, and South Chicago), conducted by Mathematica Policy Research, Inc. for the U.S. Department of Health and Human Services, documented a substantial unmet demand for infant care. Half of the parents surveyed in a KinderCare study similarly claimed that there were not enough infant care programs in their communities.

More programs are available for preschool-age children than for infants. However, many programs for three- and four-year-olds operate only part of the day. As a result, young children may shuttle among as many as three care-giving situations in a single day. In addition, comprehensive programs that offer good learning opportunities for preschool-age children remain in short supply. According to the Mathematica survey, the primary reason that parents of children in this age group wanted to change their current child care arrangements was to enable their children to learn more. Yet the study also found that child care programs offering more comprehensive preschool experiences already were operating at full capacity in the three study sites.

While many communities and schools are recognizing the importance of offering before- and after-school care for youngsters, the number of children left home alone, unsupervised, remains frighteningly high. The Census Bureau estimates that more than 2 million children are left unsupervised after school. Studies that included interviews with children as well as parents indicate that the number is likely to be significantly higher because parents are hesitant to admit they leave their children home alone after school. A recent study of 5,000 eighth-grade students, cited in *Pediatrics* magazine, found that children home alone after school were at greater risk of alcohol and substance abuse.

For parents with children who have special needs the problems of inadequate supply of appropriate child care can be overwhelming. Because of the expenses involved in caring for disabled children, their parents may desperately need to work. Unfortunately, parents frequently cannot find affordable care with caregivers who have appropriate training and supports.

Child care also can play an important role in the treatment of abused children and their parents. Parents can watch program staff work with their children and learn alternative ways to cope with the stress they experience in their childrearing responsibilities, while children receive desperately needed enrichment and stimulation. Again, far too few child care programs are available for these children.

The Nation's Child Care Problems *Can* Be Overcome

This nation has the knowledge and ability to build a strong child care system that offers young children the nurturing and support they need to achieve as adults.

Direct assistance to help families cope with the high and rising cost of child care, supplemented by tax credits for low- and moderate-income parents, has proven highly effective in ensuring that families can afford safe, good quality care for their children.

The ingredients of good quality child care programs include adequate investments in staff, training, and facilities as well as steps to help parents

Comprehensive Preschool Programs

Comprehensive preschool programs — which address the health, educational, and social needs of children and which strengthen parents' roles in the development of their children — can help poor children enter school on equal footing with their more advantaged peers.

A review of research on Head Start, the comprehensive federally funded early childhood development program for disadvantaged three- and four-year-olds, shows that Head Start children performed as well as or better than their peers when they began school. Head Start children had fewer grade retentions and special education placements, lower absenteeism, fewer cases of anemia, more immunizations, better nutritional practices, and in general, better health. For Head Start parents, the studies show improved parenting abilities, increased positive interaction with their children, and increased involvement in their communities. This was likely to continue after their children entered regular school.

Evidence from Head Start and other child care programs that provide health services show that they provide long-lasting and significant benefits for low-income children who otherwise would not have received health care. In 1985–1986, 99 percent of children enrolled in Head Start for at least 90 days had completed a medical screening; 97 percent of those identified as needing treatment received it; 98 percent of the children had completed all of the required immunizations or were up-to-date in their immunizations.

Investing in comprehensive preschool programs not only helps children get off to a better start but also can result in long-term dividends for children and society. Every $1 invested in high-quality preschool programs saves $6 in lowered costs for special education, grade retention, public assistance, and crime later on. Children who participate in such programs are more likely than their peers to be literate, employed, and enrolled in postsecondary education. They are less likely to be school dropouts, teen parents, dependent on welfare, or arrested for criminal or delinquent activity.

As a result, a host of prominent national leaders — ranging from the business-led Committee for Economic Development (CED) to former presidents Ford and Carter — have called for an expanded investment in the Head Start program until every eligible child has an opportunity to participate.

themselves become effective monitors of their children's care. Strong regulatory systems to enforce basic protections and assurances of quality for children in out-of-home care are essential. And comprehensive early childhood development programs yield impressive dividends for children and society as a whole.

Finally, shortages of child care supply can be overcome, using recruitment, training, and grant and loan programs to spur start-up and expansion efforts.

All of Society Has a Role To Play

Parents always have assumed ultimate responsibility for the care and nurturing of their children. Current economic realities, however, leave fewer and fewer parents with the option of remaining at home full time with their children. The United States is the only western industrialized nation (with the exception of South Africa) that does not have a parental leave policy allowing parents to stay home with their new babies. All but the most well-off parents need to be employed to provide income for their families, necessitating out-of-home care for their children during work hours. Many of these parents do not have the option of leaving their children with relatives during the day.

Although they cannot meet the challenge alone, communities and the private sector can help respond to families' child care needs.

Local communities. Many local organizations have tried to meet their community's child care needs in the absence of a strong national commitment to early childhood development and child care. Nonprofit organizations and religious institutions have opened their doors to house child care centers. Voluntary organizations such as the Association of Junior Leagues and the National Council of Jewish Women have sponsored family day care programs and recruitment campaigns, and local United Ways have earmarked funds for child care scholarships for low-income children.

Employers. Many employers also have tackled their employees' child care needs. A shrinking pool of workers means that every young person must have the early childhood foundation necessary to help him or her be a productive adult. It also means that women will be more valued employees. Employers are experimenting with a range of child care options — for example, Mervyn's and Target family department stores and the Dayton-Hudson Foundation have joined together in a national Family-to-Family Initiative, providing $6.8 million over five years for comprehensive training for family day care providers that leads to nationally recognized accreditation. Other employers have created on-site child care centers, supported resource and referral programs to help families find child care, established flexible spending accounts to provide tax relief to families with child care expenses, subsidized the child care expenses of their employees, and adopted flexible leave policies.

However, the overall investment of the business community in helping to address its workers' child care needs remains relatively small. Only about 4,100 employers — representing about 10 percent of all large employers and less than 1 percent of all employers nationwide — currently are involved in child care in any way. Employers rarely take a broad view and use their resources to strengthen their community's child care system, although a few are taking steps in this direction. Most also are reluctant to shoulder the burden of paying for child care, particularly if they employ a large number of low-wage workers. For example, manufacturers tend to locate day care centers at headquarters where their higher paid employees work, while offering no child care at their factories. As a result, employer child care initiatives usually do not assist those employees with the greatest need. As one child care management consultant put it, people using corporations' on-site child care centers are "well-paid professionals who can afford the fees."

State governments. Throughout the 1980s, a number of states have responded to the problems of affordability, quality, and supply of child care. These state efforts have taken many forms. Most states have earmarked funds to help pay the costs of child care for low-income families. About half of the states

have supplemented these programs with child care tax credits for families, which can be used in combination with the federal Dependent Care Tax Credit. States also have begun to invest in preschool programs, although many operate on a part-day, part-year basis and therefore do not respond to the child care needs of working parents.

In addition, states are beginning to take basic steps to promote good quality child care and expand its supply. Nearly all states require that teachers in child care centers have some specific educational qualifications or experience, and more than half the states require ongoing training for staff in child care centers as well as some form of training for family day care providers. At least 20 states have invested in resource and referral systems that not only help families find and recognize good quality child care but also can provide training, technical assistance, and other valuable services to a community's child care providers. Some states, including Alaska, Maine, Massachusetts, and New York, have passed modest initiatives to improve salaries for child care workers. Finally, a few states, such as Connecticut, Maryland, Vermont, and Wisconsin, have sought to expand child care supply through recruitment of new providers or grant and loan programs to cover start-up and expansion costs.

However, the quality of child care remains markedly uneven, and too many states still do not extend the most fundamental protections to children in out-of-home care. For example, 22 states permit five or more babies to be cared for in child care centers by a single staff member without an assistant, and at least 10 states permit family day care providers to care for five or more babies alone. Similarly, half of all states do not set group size limitations for children younger than three, and 30 states place no limits on group sizes for three- and four-year-olds.

The Federal Government's Role

The problems of affordability, quality, and supply are too large to be dealt with by states, communities, and employers alone. If the federal government is unwilling to replace the income lost by new parents through paid parental leave and to ensure adequate family income when parents work, it must provide child care assistance to low- and moderate-income families. The federal government must be an active partner in efforts to promote quality in child care programs and ensure an adequate supply of care for children with working parents. The federal government also must ensure that, for the most vulnerable children, a strong early childhood development program is part of the child care experience.

In many ways, however, the federal government has been the absent partner in efforts to solve the child care crisis and has been slow to recognize the importance of early childhood development programs in preparing the next generation of workers that America will need so desperately. There is no major federal child care program designed explicitly to help families pay for child care or to assist states in improving the quality and expanding the supply of child care. Funding for important federal programs that do exist — Head Start, the Title XX Social Services Block Grant Program, and the Child Care Food Program — has been far from adequate. Current federal tax subsidies reach too few families with too little help, and the federal government has failed to take steps to ensure child care quality or expand supply.

A strong federal role now is needed to support and supplement the pieces of currently fragmented and inadequate local, state, and federal efforts.

Dependent Care Tax Credit. The federal government makes its largest investment in child care through the Dependent Care Tax Credit. This tax credit

allows families to offset some of their federal tax bill by deducting a portion of their child care expenses. More than 8.4 million taxpayers received $3.1 billion in tax credits in 1986. The credit, however, does little for lower income families, both because these families have little or no federal income tax liability to offset (the credit works only as an offset against taxes owed and is not refundable) and because the credit covers only a fraction of the cost of care. (The average credit claimed in 1985 was $372, roughly one-tenth of the average annual cost of child care for one child.) Nor does the tax credit have any impact on the two other key child care problems: inadequate supply and poor quality of care.

Title XX funds. Many states use federal funds from the Title XX program to subsidize child care for low- and moderate-income families. However, Title XX falls far short of responding to current child care needs. Since FY 1977, when the program served only 12 percent of the 3.3 million poor children younger than six, inflation-adjusted funding for Title XX has plunged by more than one-half while the number of preschool children in poverty soared to almost 5 million. Moreover, because Title XX funds also are used by states to support many other child welfare and social service programs, only a portion of the total federal appropriation actually is spent on child care.

Head Start. The federal Head Start program, the most important federal program for promoting the health and development of poor children, has attracted nearly universal public support in recent years (see box). Yet despite this broad recognition of its importance for low-income children, Head Start's funding (adjusted for inflation) has increased by only 12 percent during the 1980s and still serves only one of five eligible children. As a result, poor children remain much less likely to participate in any preschool program than their more advantaged peers.

The Child Care Food Program (CCFP) provides another major source of federal support for child care centers, family day care homes, and Head Start programs by helping them offer nutritious meals and snacks to children from low- and moderate-income families. In 1986 about one-third of all licensed child care centers and more than half of all nonprofit centers participated in CCFP, receiving set reimbursement rates for each meal or snack served. Because family day care homes must meet applicable state licensing or registration requirements to qualify for these reimbursements, CCFP provides one of the strongest incentives for family day care providers to comply with state regulations and become part of a state's formal child care system. An estimated one in four family day care homes participated in the program in 1986.

AFDC-linked child care. The federal government has responded to the child care needs of some families receiving Aid to Families with Dependent Children (AFDC) through the Family Support Act of 1988, but the immediate impact of this new effort is likely to be limited. Under the Family Support Act, AFDC parents who are employed or participating in approved education or training programs are guaranteed child care assistance. Most families who leave the AFDC rolls for work also are entitled to one year of transitional child care assistance. An estimated $1 billion in federal funds will be spent on AFDC-linked child care over five years (although actual spending levels will depend in part on the willingness of states to provide matching funds for this purpose). Only a small amount of federal money is authorized to help states improve the quality of child care — Congress appropriated $13 million for this purpose in FY 1990. The Family Support Act does not provide any child care assistance for the millions of poor and near-poor families who do not receive AFDC benefits.

The need for a comprehensive child care program. Taken together, the existing federal investments in child care constitute a piecemeal approach that is wholly inadequate to meet the challenges of the 1990s. Comprehensive federal child care legislation such as the Act for Better Child Care (ABC) is needed urgently to overcome the fragmentation of current federal efforts and to make the federal government a full partner with parents, states, local communities, and business in an effort to solve America's child care crisis.

Federal Legislation

In 1989 the Senate and the House nearly completed action on a comprehensive child care proposal developed by Sen. Christopher Dodd (D-CT), Rep. Augustus Hawkins (D-CA), and Sen. Orrin Hatch (R-UT). This legislation builds upon existing services and programs to accomplish two primary goals:

- Invest substantial new federal resources to help parents pay the cost of care in the full range of child care services and facilities.
- Improve the quality of child care and assure that children are safe and protected while in care.

The Dodd-Hawkins-Hatch legislation would provide $1.75 billion to help lower income parents pay for the cost of child care, reaching approximately 800,000 children. It would enable parents to choose among the full range of available child care services, including care by relatives and in family day care programs and child care centers operated by community organizations, schools, employers, and other for-profit, nonprofit, and religious organizations. The legislation also calls for numerous steps (to be taken by the states rather than the federal government) to improve the quality and supply of child care and includes complementary tax credit improvements for lower income families with children.

While both the Senate and the House approved comprehensive child care bills last year, Congress failed to complete action on child care legislation. Despite the fact that agreement had been reached by a House/Senate conference committee, the House postponed final action until 1990 after several members insisted upon an alternative proposal that would provide only a $200 million increase in Title XX* funds (earmarked for child care) as opposed to $1.1 billion in grants to states contained in the Dodd-Hawkins-Hatch legislation. This loss of $900 million in new federal funds for child care would result in an estimated 400,000 fewer children being served. A similar Title XX proposal was adopted by Congress in 1976, only to be eliminated five years later.

Recommendations

Federal Level

- **Comprehensive child care legislation.** Children need enactment of legislation that provides a comprehensive response to the nation's child care crisis. A program based on the Dodd-Hawkins-Hatch compromise bill would provide $1.75 billion to help parents pay for child care. This legislation would assist states and communities in improving the quality and expanding the supply of child care.
- **Head Start.** In 1990 Congress also is scheduled to reauthorize the Head Start program. This legislation will provide an important chance to expand the program's authorization levels so that every eligible child has the opportunity to participate. In addition to expanding the number of children participating in Head Start, steps should be taken to address the salary crisis that programs face and to ensure that training is available to Head Start staff.
- **AFDC-linked child care.** Finally, Congress should appropriate the necessary funds to implement the Family Support Act's child care provisions, including the $13 million authorized to help states improve the quality of child care.

State Level

Each state should:

- **Supplement federal child care funds** to help low- and moderate-income families pay for child care because no federal program will be able to reach all families that need assistance. State funding should be sufficient to assure that parents can afford care in high-quality programs with stable staffs.
- **Establish a refundable tax credit** to help offset the cost of child care for low- and moderate-income working parents.
- **Supplement Head Start** or support state-initiated preschool programs, all of which should be designed not only to provide a comprehensive preschool experience to three- and four-year-olds but also to meet the needs of parents who work outside the home by remaining open for a full working day throughout the year. Only 28 states and the District of Columbia now supplement Head Start or provide funds for preschool programs.
- **Assure quality child care for every child.** States must have minimum health and safety standards that are monitored carefully regardless of the auspices of the child care program or the numbers of children served. State efforts should be designed to keep group sizes and child-to-staff ratios low, and to ensure an adequate and stable supply of trained early childhood teachers and administrators. Parents also should be encouraged to augment the state's efforts by making frequent visits (including unannounced ones) to monitor their children's child care settings.
- **Expand the supply of child care** through state revolving loan funds and grants to cover start-up and expansion costs as well as recruitment and training efforts for new child care providers.
- **Expand the supply of child care workers** by establishing scholarships and loan forgiveness programs for individuals seeking early childhood development credentials.

Child Care Quality: Staff Ratio

As of 1989, did the state limit the maximum number of infants (at age nine months) per staff person in licensed child care centers to no more than four infants for every child care worker, as recommended by the National Association for the Education of Young Children?

	Maximum Number of Infants Per Child Care Worker	Is State's Effort Adequate?
National Median	4	Yes 30/No 20 (Not Applicable 1)
Alabama	6	No
Alaska	5	No
Arizona	5	No
Arkansas	6	No
California	4	Yes
Colorado	5	No
Connecticut	4	Yes
District of Columbia	4	Yes
Delaware	7	No
Florida	6	No
Georgia	7	No
Hawaii	n/a	n/a
Idaho	12	No
Illinois	4	Yes
Indiana	4	Yes
Iowa	4	Yes
Kansas	3	Yes
Kentucky	6	No
Louisiana	6	No
Maine	4	Yes
Maryland	3	Yes
Massachusetts	3	Yes
Michigan	4	Yes
Minnesota	4	Yes
Mississippi	5	No
Missouri	4	Yes
Montana	4	Yes
Nebraska	4	Yes
Nevada	4	Yes
New Hampshire	4	Yes
New Jersey	4	Yes
New Mexico	6	No
New York	4	Yes
North Carolina	7	No
North Dakota	4	Yes
Ohio	6	No
Oklahoma	4	Yes
Oregon	4	Yes
Pennsylvania	4	Yes
Rhode Island	4	Yes
South Carolina	8	No
South Dakota	5	No
Tennessee	5	No
Texas	5	No
Utah	4	Yes
Vermont	4	Yes
Virginia	4	Yes
Washington	4	Yes
West Virginia	4	Yes
Wisconsin	4	Yes
Wyoming	5	No

Source: Gwen Morgan, *The National State of Child Care Regulations, 1989.*

Early Childhood Education

Does the state provide state revenues either to supplement federal Head Start funds or for its own state preschool education program?

	1985 Head Start Enrollments per 100 Poor Children, Ages 3-5	Rank	1988 Head Start Supplement	1988 State-Funded Preschool	Is State's Investment Adequate?
United States Total	15.5	—	Yes 9/No 42	Yes 26/No 25	Yes 29/No 22
Alabama	15.7	26	No	No	No
Alaska	19.5	10	Yes	Yes	Yes
Arizona	9.9	50	No	No	No
Arkansas	16.0	24	No	No	No
California	11.7	43	No	Yes	Yes
Colorado	18.7	13	No	No	No
Connecticut	25.3	4	Yes	No	Yes
Delaware	18.6	15	No	Yes	Yes
District of Columbia	27.6	2	No	Yes	Yes
Florida	11.6	44	No	Yes	Yes
Georgia	14.8	31	No	No	No
Hawaii	15.6	27	Yes	No	Yes
Idaho	10.5	49	No	No	No
Illinois	15.5	28	No	Yes	Yes
Indiana	13.7	34	No	No	No
Iowa	11.1	47	No	No	No
Kansas	17.9	18	No	No	No
Kentucky	22.5	6	No	Yes	Yes
Louisiana	13.9	33	No	Yes	Yes
Maine	18.2	16	Yes	Yes	Yes
Maryland	20.1	7	No	Yes	Yes
Massachusetts	19.7	8	Yes	Yes	Yes
Michigan	18.2	16	No	Yes	Yes
Minnesota	13.4	36	Yes	Yes	Yes
Mississippi	55.8	1	No	No	No
Missouri	16.8	21	No	Yes	Yes
Montana	12.6	40	No	No	No
Nebraska	12.2	41	No	No	No
Nevada	7.5	51	No	No	No
New Hampshire	26.8	3	No	No	No
New Jersey	17.4	19	No	Yes	Yes
New Mexico	16.7	22	No	No	No
New York	12.1	42	No	Yes	Yes
North Carolina	18.7	13	No	No	No
North Dakota	11.3	46	No	No	No
Ohio	19.2	11	Yes	Yes	Yes
Oklahoma	19.7	8	No	Yes	Yes
Oregon	12.7	39	No	Yes	Yes
Pennsylvania	16.0	24	No	Yes	Yes
Rhode Island	18.8	12	Yes	No	Yes
South Carolina	16.1	23	No	Yes	Yes
South Dakota	13.1	37	No	No	No
Tennessee	15.4	29	No	No	No
Texas	10.7	48	No	Yes	Yes
Utah	13.1	37	No	No	No
Vermont	23.1	5	No	Yes	Yes
Virginia	14.5	32	No	No	No
Washington	11.5	45	Yes	Yes	Yes
West Virginia	13.7	34	No	Yes	Yes
Wisconsin	17.2	20	No	Yes	Yes
Wyoming	15.2	30	No	No	No

- **Implement the child care provisions of the Family Support Act.** States should provide new funds to meet state matching requirements and assure that families are offered high-quality child care. Eligibility procedures for transitional child care benefits under the Family Support Act also should be made as simple as possible to ensure that parents leaving AFDC through work can qualify for this assistance, and child care help should be provided to parents who are no longer eligible for such benefits but whose incomes remain very low.

Local Level

Each community should:

- Allocate local funds to supplement federal and state efforts to help low-income families pay for child care.
- Ensure that building codes and zoning practices do not set up unnecessary barriers to the establishment and operation of child care centers and family day care homes.
- Work with schools to encourage the establishment of before- and after-school programs, child care programs located in high schools and junior high schools for children of adolescent parents, and child care for preschool-age children.
- Supplement state funds targeted to improving the quality and expanding the supply of child care.

Private Sector

Employers should recognize that today's children, many of whom need child care, are their future employees, and should:

- Allocate funds to help pay the costs of child care for low-income employees and establish scholarship funds through community resource and referral programs for other low-income families in their communities.
- Where possible, establish new child care facilities on-site or at nearby locations, making sure they provide enough financial assistance so the programs are affordable to all employees.
- Provide assistance to families in finding child care through a resource and referral program.
- Contribute to the quality and availability of child care in their community by supporting family day care recruitment campaigns, child care loan funds, and training programs for child care providers.
- Adopt flexible personnel policies that include paid parental leave, flexible work hours, sick leave policies that reflect the need for parents of sick children to take time off from work, and job sharing.

Finally, community groups and religious organizations should:

- Consider sponsoring new child care programs to alleviate shortages of child care in their communities.
- Launch recruitment campaigns to expand the supply of family day care programs and provide appropriate training for family day care providers.
- Recognize and publicize the contributions of child care staff in promoting the full and healthy development of children.

Health

Good health is essential to children's development and achievement. Every child needs health care. Good medical care begins before a child's birth with comprehensive prenatal care. It continues throughout childhood and adolescence, with care for a child's preventive, acute, and chronic health care needs.

No child should go without health care because a family cannot afford it, whether the need is for immunization, treatment for a strep throat, dental care, hospitalization, home health care, medicines, or eyeglasses. No pregnant woman should be denied prenatal care because she does not have enough money to pay for it.

Beyond its basic humane obligations, there are three key reasons the nation must strive to improve the health of its children. First, America needs every child to become a productive member of society in order to maintain its competitive edge internationally. This can happen only if children arrive at adulthood in optimal health.

Second, much can be done to improve children's health status through prevention strategies and early diagnosis and treatment of problems that do occur. Failure to provide the most timely preventive and remedial care leads to unnecessary illness, death, and disability. Furthermore, such neglect leads to unnecessary costs to the child, the child's family, and the nation.

Finally, access to basic health care is a hallmark of equity and fairness of any civilized society. The burdens of illness, disability, and death are not distributed evenly or equitably. Some American children face a high risk of poor health simply because they live in poor families, because their parents are employed in certain types of industries, or because they live in certain geographic areas.

Too Many American Children Suffer from Health Problems

The majority of American children are healthy. But by any measure the nation's progress in improving child health has lagged. This poor progress in improving maternal and child health can be seen in nearly every basic child health indicator.

Infant Mortality

Infant mortality is the most sensitive indicator of children's health, measuring the nation's capacity to ensure a healthy birth and adequate health protection during the first year of life.

- In 1987 there were more than 38,000 infant deaths in the United States. For every 1,000 live births, 10.1 babies died in the first year of life.

Key Facts About Maternal and Child Health

Infant and Child Mortality

- Between 1950 and 1985, the U.S. infant mortality rate fell in ranking from sixth to a tie for last place among its industrialized peers. In 1988 the United States ranked nineteenth worldwide. When the U.S. black infant mortality rate was compared with other nations' overall rates, the rank was twenty-eighth. A black infant born in Boston was more likely to die than an infant born in Panama or North or South Korea. A baby born in Georgia or South Carolina was more likely to die than one born in Czechoslovakia.
- In 1988 the United States ranked twenty-first in childhood mortality, behind countries such as Japan, New Zealand, and East Germany. For every 1,000 infants born alive in America, 13 will not live until their fifth birthday.

AIDS and HIV Infection

- In 1987 HIV infection was the ninth leading cause of death among one- to four-year-olds. About three-quarters of the nearly 2,000 pediatric AIDS cases reported since 1981 have been among black or Latino children.
- For youths, more than 1,200 cases of AIDS have been reported among 13- to 21-year-olds. These figures do not take into account the number of persons infected with HIV as teens who do not show symptoms of AIDS until they reach adulthood. The spread of AIDS through heterosexual contact is much more likely to affect teenage girls than adult women.

Low Birthweight

- During the early 1980s, the nation made no progress in reducing its excessive rate of low-birthweight birth. The 1987 figure (6.9 percent) is the highest level observed since 1979. The nation's poor showing on low birthweight ranks it twenty-ninth worldwide.

Prenatal Care

- In 1987 about one in four babies nationwide — a total of nearly 900,000 — was born to a mother who did not receive early prenatal care. In 1987 nearly 75,000 infants were born without benefit of any prenatal care.

Births to Teen Mothers

- In 1987 births to mothers younger than 20 accounted for 12 percent of all births. The birth rate for teens ages 15 to 17 increased by 4 percent between 1986 and 1987. Infants born to teen mothers are more likely than those born to adult women to have poor health. These health risks are related to inadequate prenatal care, births too closely spaced, and lower educational attainment among young mothers, rather than biological risk. In 1987, 13 percent of teen mothers received late or no care and teen mothers account for one out of every five repeat births within 18 months.

Key Facts About Maternal and Child Health (Continued)

Outbreaks of Preventable Diseases

- In 1989 more than 15,000 cases of measles were reported — nearly five times the number reported in 1988 and 10 times the record low reported in 1983. One-third of these cases were among preschool-age children. In addition, more than 5,000 cases of mumps and 3,500 cases of pertussis were reported in 1989. Failure to immunize our youngest children adequately is a key factor in these adverse trends. The Centers for Disease Control reports that 80 to 90 percent of measles cases among preschool-age children could be prevented through immunization.

Lead Exposure

- An estimated one in six American children is at risk of lead poisoning. No group of children is free from lead exposure, but poor children living in the nation's cities face the greatest risks. While lead exposure is most likely to harm preschool-age children, the damage can be permanent and have long-term consequences. Even moderate levels of lead can result in poor achievement and increased absenteeism in school, as well as behavioral problems and poor coordination. A recent study found that children exposed to excessive lead levels were far more likely to drop out of high school.

Oral Health

- Approximately one-quarter of our children have 60 percent of the decayed, filled, and missing teeth. Children most likely to live in poverty — Native American, black, Latino, and migrant children — are more likely to have dental disease and greater unmet treatment needs.

Health Insurance

- Children and young adults are among those least likely to have health insurance. In 1987 children younger than 18 and young adults ages 18 to 24 made up 37 percent of the U.S. population overall but 50 percent of the uninsured population. Young families, which are most likely to be having and raising children, increasingly are locked out of the private insurance system. Between 9 million and 12 million children younger than 18 are uninsured.

Sexually Transmitted Diseases

- Each year most of the estimated 14 million cases of sexually transmitted disease (STD) occur among teens and young adults. In 1988 more than 200,000 cases of syphilis and gonorrhea were reported among teens. Left untreated, STD can lead to infertility, ectopic pregnancy, or death among women and blindness, pneumonia, or death among infants. Most STDs can be prevented and treated. Although at least half of the reported cases of congenital syphilis could have been prevented through prenatal treatment, the disease has been on the rise in recent years.

- While the white infant mortality rate in 1987 declined to 8.6 per 1,000 live births, for the third year in a row there was no statistically significant decline in the black infant mortality rate. Black infant mortality that year stood at 17.9 per 1,000, creating a mortality gap of 2.08 to 1, the widest since at least 1940.
- Between 1986 and 1987 both the neonatal mortality rate (deaths during the first 27 days of life) and the postneonatal mortality rate (deaths from 28 days to one year) showed a small decline for whites but no significant decline for blacks.

Low Birthweight

Low birthweight (less than 5.5 pounds) is a strong predictor of infant health. Low-birthweight babies are 20 times more likely to die and 40 times more likely to be disabled than other infants. During the early part of the 1980s low-birthweight rates showed no improvement. More recent statistics, however, show that the situation actually is worsening.

- Between 1986 and 1987 the incidence of low-birthweight birth increased, reaching its highest level since 1979. Low-birthweight births increased among

The Surgeon General's Goals for the Nation

In 1979 the U.S. Public Health Service and the Surgeon General established health objectives for the nation to meet by the year 1990. Based on recent rates of progress, the nation and most of the states will fail to meet many of the 1990 objectives for maternal and child health. Neither the nation nor any single state will meet the objectives for prenatal care for pregnant women or immunizations for two-year-olds.

Goal: The national infant mortality rate should be reduced to no more than nine deaths per 1,000 live births, with no county or racial or ethnic subgroup having a rate in excess of 12 deaths per 1,000 live births.

While the nation may meet the Surgeon General's overall infant mortality objective by 1990, 30 states will not. In addition, the goal for black infants will not be met by the nation. Aggressive efforts will be needed to achieve the objective for the year 2000 of a reduction in infant mortality to seven deaths per 1,000.

Goal: Low-birthweight births should constitute no more than 5 percent of all births, with no county or racial or ethnic subgroup having a proportion in excess of 9 percent.

The nation has failed to reduce low-birthweight rates, and, in fact, is moving in the wrong direction. Even if the 1986-1987 trend is reversed, the failure to make any progress during the rest of the 1980s would mean that the nation would not meet the 1990 low-birthweight objective until the year 2034.

Goal: Ninety percent of all pregnant women should begin prenatal care within the first three months of pregnancy.

white infants in 25 states and the District of Columbia, and increases were reported for black infants in 24 of the 37 states and the District of Columbia that have significant numbers of black births.

Prenatal Care

Maternity care, beginning with prenatal care in the critical first three months of pregnancy, can improve maternal and infant health dramatically. An infant born to a woman receiving no prenatal care is more than three times more likely to die in the first year of life than other infants.

- The proportion of infants who did not benefit from early care in the critical first three months of pregnancy remained virtually unchanged between 1979 and 1987.
- Only 68.7 percent of all births in 1987 occurred among mothers whose prenatal care could be considered adequate in terms of timing and frequency of visits.
- That year marked the seventh in a row in which the trend in receipt of late (beginning after the sixth month) or no prenatal care worsened or showed no

The Surgeon General's Goals for the Nation (Continued)

The nation and every state will fail to meet this goal. Progress in improving prenatal care access has been so slow that, based on the 1978-1987 rate of progress, the nation will not meet the 1990 objective until the year 2094. If we hope to reach this objective by the year 2000, nationwide action must begin this year.

Goal: Ninety percent of all two-year-old children should have completed the basic immunization series for measles, mumps, rubella, polio, diphtheria, pertussis, and tetanus.

Between 1980 and 1985, the proportion of two-year-olds adequately immunized against these preventable childhood diseases dropped. If these trends are not reversed, the Surgeon General's goal never will be met.

In two additional areas, oral health and HIV infection, objectives for the year 2000 are noteworthy for their importance to maternal and child health.

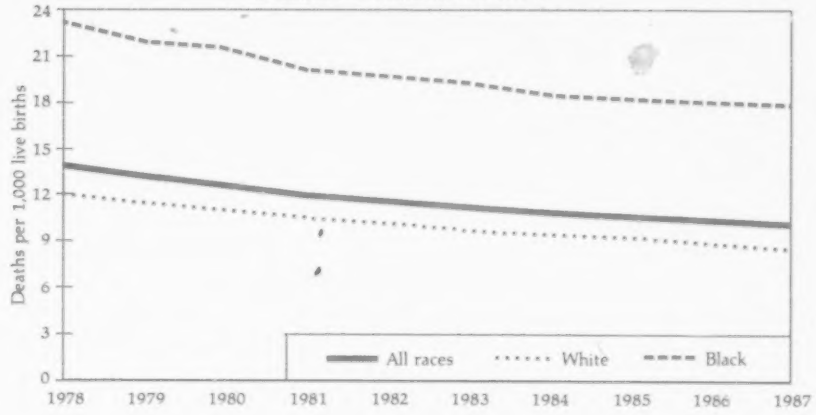
Goal: By the year 2000, reduce the proportion of six- to eight-year-olds who experience dental cavities to no more than 35 percent and the proportion with untreated cavities to no more than 20 percent.

In 1986-1987, 53 percent of all six- to eight-year-olds and 70 percent of low-income children in that age group had had cavities.

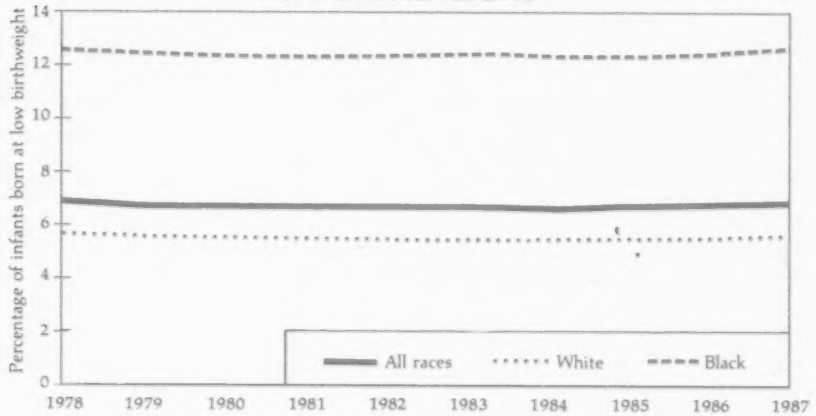
Goal: By the year 2000, reduce to no more than one per 1,000 the number of HIV-infected women giving birth. This represents a minimum of progress.

In 1989 approximately 1.4 per 1,000 women giving birth to live infants were infected with HIV.

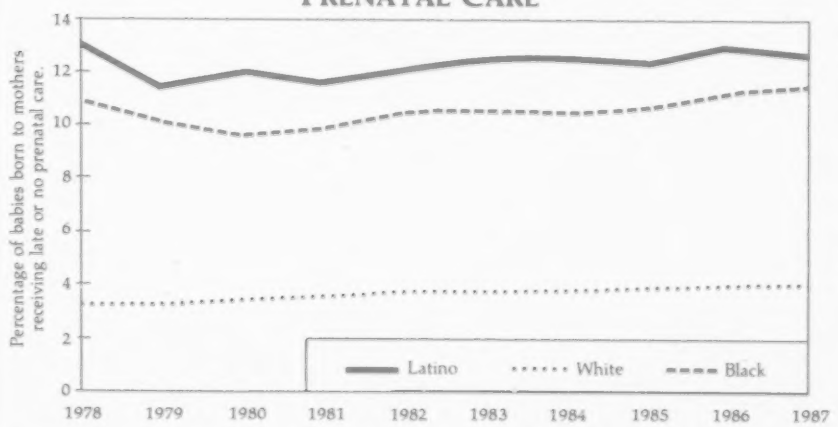
INFANT MORTALITY



LOW BIRTHWEIGHT



PRENATAL CARE



improvement. In 1987, 6.1 percent of all infants, and 11.1 percent of black infants were born to women who received late or no prenatal care. In that year nearly 75,000 infants were born without benefit of any prenatal care.

- In 1987 only 61.0 percent of Latino infants were born to women who received early care, compared with 81.9 percent of non-Latino white women and 60.4 percent of non-Latino black women. Of these groups, Latino mothers were most likely to receive late or no care in that year.

Pediatric AIDS and HIV Infection

The AIDS epidemic is taking a greater and greater toll on children. Now that the national blood supply has been virtually cleared of Human Immunodeficiency Virus (HIV) contamination (meaning that fewer children and adults are infected through blood transfusions), pediatric AIDS has become an infant's disease, usually the result of birth to an infected mother.

- In 1989 approximately 1.4 per 1,000 women giving birth to live infants were infected with HIV. The prevalence of HIV infection varies by geographic area. Screening of newborn blood samples indicates that 0.2 percent of Massachusetts mothers and 0.8 percent of New York State mothers may be infected with HIV. Among women who have been or are intravenous (IV) drug users, HIV infection rates of between 13 and 22 percent have been reported.

As the epidemic sweeps more widely, more and more children have become infected, and, as with adults, about half of all children who have had AIDS have died.

- Because many HIV-infected infants survive the first year of life, HIV has not become a leading cause of infant death. However, in 1987, 87 infants — two-thirds of them black — died as a result of HIV infection.
- HIV has become the ninth leading cause of death among one- to four-year-olds. The majority (an estimated three-quarters) of those affected are black or Latino.
- Of the nearly 2,000 pediatric AIDS cases reported since 1981 among children younger than 12, 57 percent are related to IV drug use by the mother or a sexual partner of the mother. Among young black children, 60 percent of all reported AIDS cases are related to IV drug use and among Latino children more than 70 percent are related to IV drug use.

Outbreaks of Preventable Childhood Disease

Immunizations, beginning in the first months of life, can eliminate the death and disability that can result from preventable childhood diseases. Yet between 1980 and 1985 immunization levels for our nation's infants and toddlers eroded significantly. The decline cannot be charted beyond that point because the federal government has suspended the data collection.

Outbreaks of measles document the failure of the nation's childhood immunization efforts to protect children from preventable disease.

The following accounts of measles outbreaks in the nation's cities further illustrate this problem.

- In early 1986 a measles epidemic struck Jersey City, New Jersey. Of the 100 cases reported there in nine weeks, one of three occurred among infants and toddlers. Most cases affected Latino residents.

MEASLES OUTBREAKS

Measles Cases, by State, U.S., 1989*
(U.S. total: 14,048)

Through December 17, 1989
Does not include 666 imported cases.

State numbers do not include out-of-state cases.

- In Dade County (Miami), Florida, an outbreak of 258 measles cases occurred in the last half of 1987. Attack rates were highest among blacks and Haitian-Americans. According to the Centers for Disease Control, nine of 10 cases among vaccine-age preschoolers could have been prevented through early vaccination. Many young children had serious complications requiring hospitalization.
- In Los Angeles County, California, measles cases have been reported continually since August 1987. County residents faced a risk of measles more than five times greater than the nation as a whole. More than 500 cases were reported there in 1988. The Latino community has been affected disproportionately by the outbreak. Among the preschoolers who got measles, eight of 10 cases were preventable. Complications have been unusually common, and at least four deaths were reported among babies.

Houston, Chicago, and other areas experienced outbreaks of measles during 1989. The numbers of reported cases of mumps and pertussis also grew in 1989. In each community, public health officials have attempted to address the problem

aggressively. However, if resources were adequate to fully immunize all young children, thousands could have been spared the pain, suffering, and cost of preventable disease. Today, only an estimated 50 to 65 percent of two-year-olds in low-income urban neighborhoods are immunized appropriately.

Experts report that measles outbreaks have been most widespread because the disease is extremely contagious. They fear that major outbreaks of polio or pertussis may follow. The alarm has been sounded: the current system for vaccinating infants and toddlers is working poorly.

Oral Health Problems Among Children

Oral health problems are the most common yet preventable health problems of childhood. As with other basic indicators such as infant mortality and immunization status, oral health measures are key indicators of child health and shed light on children's access to health care.

Millions of children still experience painful and costly dental decay, and the burden of poor oral health is not spread evenly. Approximately 25 percent of children have 60 percent of the decayed, filled, and missing teeth. Children most likely to live in poverty — Native American, black, Latino, and migrant children — are more likely to have dental disease and greater unmet treatment needs. Children with disabilities also are more likely to have oral health problems.

- For six- to eight-year-olds, oral health care is critical to ensuring their current and future health. Yet in 1986-1987, 53 percent of all children in this age group and 70 percent of low-income children had had cavities. In the same group, 27 percent of all children and 43 percent of low-income children had untreated dental decay.
- Because oral health problems tend to be cumulative, adolescents experience a far greater risk of oral disease. In 1986-1987 more than three-quarters (78 percent) of 15-year-olds had experienced cavities in permanent teeth. Among Native American teens, more than 90 percent had had caries. Among all 15-year-olds 23 percent overall, 44 percent of those with low incomes, and 84 percent of Native Americans had untreated cavities.

We Know How To Protect Children's Health

This nation has the knowledge and the tools to save children's lives and protect their health. Early and comprehensive prenatal care, adequate nutrition for pregnant women and babies, childhood immunization, preventive pediatric care, and other ongoing efforts have been shown repeatedly to improve child health *and* save dollars.

Prenatal care. Comprehensive prenatal care — which provides medical care, support services, health education, and nutritional education and supplementation — saves lives. Children born to women who receive no prenatal care are three times more likely to die in the first year of life than those who receive comprehensive care. Infants of mothers who received inadequate prenatal care are more likely to be born too soon or too small. The preventive services provided in a prenatal visit can reduce the risk of low birthweight, a condition that may lead to lifelong disabilities such as cerebral palsy, retardation, and vision and learning disabilities. Each $1 spent on providing prenatal care to a pregnant woman can save more than $3 in the first year of life alone by reducing the need for costly remedial care.

U.S. Maternal and Child Health Fact Sheet
1987

	White	Nonwhite		Total
		Black	Total	
Births				
To all women	2,992,488	641,567	816,906	3,809,394
To women age 19 and younger	312,108	144,853	160,515	472,623
To women younger than 15	4,009	5,981	6,302	10,311
Teen Births				
As percentage of all births				
To women age 19 and younger	10.4%	22.6%	19.6%	12.4%
To women younger than 15	0.1%	0.9%	0.8%	0.3%
Low-Birthweight Births				
Percentage of births that were low birthweight:				
To all women	5.7%	12.7%	11.3%	6.9%
To women age 19 and younger	7.7%	13.2%	12.7%	9.4%
Percentage of all low-birthweight births:				
To women age 19 and younger	14.2%	23.5%	22.0%	16.9%
Prenatal Care				
Percentage of babies born to women who:				
Began prenatal care in the first trimester				
All women	79.4%	61.1%	63.4%	76.0%
Women age 19 and younger	56.0%	46.9%	47.2%	53.0%
Began prenatal care in the third trimester or not at all				
All women	5.0%	11.1%	10.3%	6.1%
Women age 19 and younger	56.0%	46.9%	47.2%	53.0%
Received adequate prenatal care				
All women	73.2%	50.7%	51.9%	68.7%
Received inadequate prenatal care				
All women	6.2%	15.7%	15.1%	8.1%
Infant Mortality				
Infant Deaths per 1,000 Live Births				
Total infant deaths	8.6	17.9	15.4	10.1
Neonatal deaths	5.5	11.7	10.0	6.5
Postneonatal deaths	3.1	6.1	5.4	3.6

SOURCE: National Center for Health Statistics. Calculations by Children's Defense Fund.

Nutrition. Pregnant women and young children need the most complete nutrition. The Supplemental Food Program for Women, Infants, and Children (WIC) can provide the extra food and advice needed by low-income families. Each $1 spent through WIC to provide nutrition and support services to a pregnant woman saves $3 in the first year of a child's life by reducing low-birthweight births and prematurity. A study of the program's cost-effectiveness in Missouri found that every $1 spent on WIC resulted in a $1 return in Medicaid savings within the first month of life. One key to the success of WIC is that it not only provides better nutrition but a link to prenatal care as well.

Childhood immunization. Each $1 spent to immunize a child can save more than $10 by reducing childhood illness and death from illness. The mass immunization of American children against preventable disease has saved billions of dollars and saves millions of lives. During the first 20 years of measles vaccinations more than $5 billion was saved. Vaccinating two-year-olds with the meningitis (Hib) vaccine resulted in a direct savings of $4 million and more than $64 million in indirect costs over a lifetime. Immunization of 1 million children with the pertussis vaccine can prevent more than 90,000 cases of whooping cough.

Preventive pediatric care. Children who receive ongoing preventive pediatric care have been found to have fewer health and developmental problems. They also have annual health care costs about 10 percent lower than children who do not receive such care. Regular checks of a child's vision, hearing, and developmental and overall physical status can reduce the effects of health problems through early detection and treatment. For children eligible for Medicaid, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program pays for comprehensive medical, vision, hearing, and dental care as well as for treatment of conditions detected during periodic health exams. Children who participate in EPSDT have annual health care costs significantly lower than other low-income children.

Health care for the medically underserved. Community and Migrant Health Centers, which for 25 years have provided access to primary and preventive care, have contributed to reductions of up to 40 percent in infant mortality rates in their communities. They also have helped achieve improved family health status, more appropriate use of health care services, and lower costs for the more than 3 million women of childbearing age and children they serve. Health center patients are more likely than those in their communities who do not use health centers to receive prenatal care, immunizations, dental care, and other basic preventive services. Credited with having virtually eliminated from their communities such childhood diseases as rheumatic fever, the federally funded centers are considered one of the most cost-effective maternal and child health programs ever created.

Since 1970 more than 13,000 physicians, nurses, dentists, and other health professionals have worked at health centers and in other underserved communities under the auspices of the National Health Service Corps. Seventy percent of the health care providers serve in rural areas, including hundreds of remote communities where the closest hospital or physician may be scores of miles away. In many communities, both urban and rural, Corps physicians now represent the only source of obstetrical care for low-income and minority women.

Across the nation thousands of local health departments and other programs receiving funding through the Title V Maternal and Child Health Services Block Grant program have provided both basic and specialized health care to millions of

Some Successful Programs

Hundreds of programs developed by state or local governments, Community and Migrant Health Centers, local hospitals, and through partnerships between public programs and private physicians provide health services ranging from basic preventive care to intensive help for children with special needs:

- In Saginaw, Michigan, a community health center program has been able to use new federal infant mortality reduction funds to ensure more comprehensive maternity care for more than 2,000 low-income pregnant women. With an infant mortality rate double the Michigan state average and 30 percent of births being to teen mothers, the area critically needs enhanced prenatal care services. The clinic program has been able to provide obstetrical services, outreach, case management, social support services, nutrition education, and transportation assistance.
- In West Texas, the South Plains Health Provider Organization serves a small population with big needs. The project serves a county with an infant mortality rate 2.5 times the national average and a birth rate more than triple the U.S. rate. One-third of all patients are migrant and in poor health. Additional services provided with new federal infant mortality reduction funds include: enhanced prenatal and post-partum services, well-baby care, WIC program enrollment, outreach, and case management. As a result of the expansions, the clinic has seen a 15 percent increase in the number of pregnant women served.
- In 1988, through the Kansas Healthy Start-Home Visitor Program, more than 14,000 families received nearly 28,000 home visits from lay visitors who were trained and supervised by local health department nurses. The population served includes 85 percent of rural families with newborns and 40 to 70 percent (depending upon the county) of such families living in urban areas. Home visits in Kansas have increased use of preventive health care services such as WIC, immunization, and family planning.
- The Health Corner at Benjamin Franklin High School in Philadelphia combines the strengths of a school-based clinic and a community health center to bring adolescents into the health care system. The school-located clinic is affordable and accessible. Services provided on campus include: physical exams, lab tests, immunizations, acute care, and health education. In addition, clinic patients can receive care at four other community clinic sites for services not offered on campus and when the school clinic is closed. The program's primary support comes from its federal health center grant and from Medicaid reimbursement.
- The Houston House in Boston is a home for pregnant women addicted to drugs or alcohol and convicted of related crimes. All of

Some Successful Programs (Continued)

the women who volunteer to serve in this program otherwise would be serving time in prison. The women agree to go through a substance abuse treatment program, to carry their babies through delivery, and to participate in a year of follow-up care when they leave Houston House. Women attend classes in parenting and health education, go to counseling sessions, and plan for employment and life in mainstream society. While it is too early to determine the long-term effect of the program on the lives of mothers served, no babies in the program have been born with an addiction or visible signs of damage from substance abuse.

- Roosevelt County, Montana, has demonstrated recently how public health programs can come together to meet the need for maternal and child health care in rural areas. Most county residents live on the Fort Peck Indian Reservation. The majority of health care in the county has been provided by two National Health Service Corps physicians and additional Indian Health Service physicians. A tracking system has been set up to follow the progress of prenatal patients and infants, and registered nurses in the county have been trained to assist in labor and delivery emergencies. In addition, new mothers receive a home visit or phone call within the first week after delivery. All of the county's public services are clustered for the client's convenience.

- Since July 1988, the Minnesota Children's Health Plan (CHP), a state-funded health insurance plan for children, has served nearly 14,000 children. The plan currently serves about 40 percent of its target group, children ages one through eight whose families don't qualify for Medicaid but have incomes below 185 percent of the federal poverty level. Beginning January 1, 1991, the Children's Health Plan will cover all children younger than 18. Families pay an enrollment fee of $25 per year per child. The average cost per child per year is $140. The plan covers doctors' office visits, outpatient hospital services, physical therapy, routine dental services, eye care and eyeglasses, prescription drugs, and mental health treatment. The plan is supported by an appropriation from the state general fund.

- Caring for Children, developed by Blue Cross and Blue Shield of Western Pennsylvania, offers affordable insurance coverage for basic pediatric health needs to more than 10,000 children in low-income working families. The cost per child is only $156 per year to provide a full range of primary care, from immunization to outpatient surgery. While this program is a private initiative, Congress has enacted legislation that would create a similar program.

low-income children and children with special health needs. Special maternity care programs implemented with the Title V funds in the early 1960s were pioneers in the effort to prove that comprehensive maternity care could make a dramatic difference. And Title V Children and Youth projects brought comprehensive and high-quality medical care to the communities they served.

Family planning. Family health is improved through family planning services. The widespread availability of family planning services can play a major part in the reduction of maternal and infant mortality, prevention of infertility and sexually transmitted disease, elimination of the need for abortions, and improvement in the health of women of childbearing age through provision of screening tests for cancer and other diseases. Family planning services can save $14 for every $1 invested by improving the health of mothers and infants.

Clearly, many children suffer health problems not because the nation is unable to protect them, but because adequate resources have not been committed to do so.

All of Society Has a Role To Play

Families and the home environment have a tremendous influence on the health of a child. Through their families, most children receive the physical necessities of life. Parents and other relatives keep children safe, and respond to children's basic need for nurturing care, food, and shelter. Parents have a particular responsibility not to become parents unless they are mature and ready to care for children and then to make sure their children receive any necessary health care.

But no family in today's society can provide for its children's health needs without extensive community and government support. The need for support is greater among low-income and uninsured families. The cost of even routine pediatric care can consume 10 percent of a poor working family's annual income; the cost of maternity care can exceed the annual income of many low-income working families. And eventually society must absorb the cost of medical care for those who either cannot afford it or lack health insurance. For the one in 20 families with a child who has a physical or mental disability severe enough to impair normal daily activities, the ongoing cost of a lifetime of care — even for a well-insured family — can be monumental.

Some children have no family to provide for their basic needs. More than 500,000 children live apart from their biological parents in foster care, in institutions, or on their own. In addition, there are thousands of children who remain in families where a crisis situation resulting from substance abuse, homelessness, or mental health problems leaves them vulnerable and unprotected. For these children, society must take responsibility for building systems of care and support that respond directly to their basic needs.

The overall health and well-being of a family can affect a child's health dramatically. A 25-year study of an entire community of children from conception to adulthood found that several factors predicted a long-term risk of physical and mental health problems. Some were biological problems, which often are treatable but rarely preventable. Others, however, were related to largely preventable causes. Predictors of ultimate achievement among young adults included relatively obvious factors such as birth defects and birth complications; moderate to more severe physical handicap, mental health problems, or learning disability by age 10; and poor development by age two. But they also included low parental education, low standard of living, and family instability.

These findings stress the importance of building a health care system that provides affordable, accessible care for all Americans. Regardless of the source of coverage, benefits should provide a full range of medical and health-related services in a way that responds to individual family needs. The U.S. health care system currently fails to do this for millions of children and families.

No combination of private enterprise, community, physician, or state government resources can respond adequately to the problem of the uninsured. The magnitude of the problem makes it one of the nation's great social crises. At its roots lies a voluntary employment-based health insurance system that excludes between 31 million and 37 million Americans — 80 percent of whom were workers or their dependents in 1987 — and a publicly financed health care system for medically indigent families and children that increasingly meets only a fraction of the need.

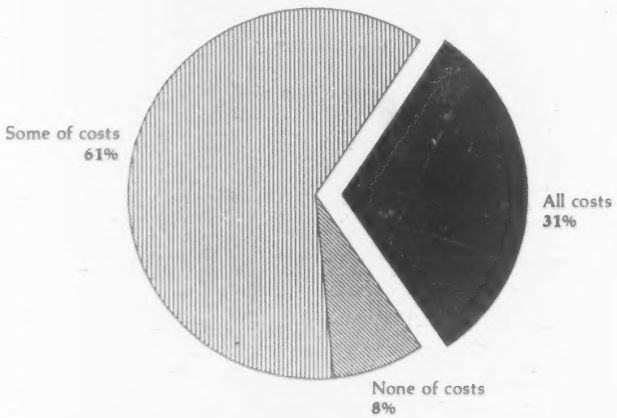
Children are the chief victims of this eroding situation:

- In 1987 children younger than 18 and young adults between 18 and 24 years old made up 37 percent of the total U.S. population but 50 percent of the uninsured. One of three young adults, compared with one of seven 25- to 54-year-olds, was completely uninsured.
- In 1986 more than 14 million women of childbearing age had no maternity insurance, and 9.5 million were completely uninsured. The Institute of Medicine of the National Academy of Sciences reports that "financial barriers — particularly inadequate or no insurance and limited personal funds — were the most important obstacles reported in 15 studies of women who received insufficient care."
- According to the Alan Guttmacher Institute, the average baby today is born into a young, near-poor working family. The average income of these families

EMPLOYER-BASED INSURANCE

Employer Contributions to Health Insurance Costs

(Children in employed families with incomes less than 200 percent of the poverty level, 1986)



has been declining, their employment opportunities have diminished, and they are among those most likely to lack health insurance.

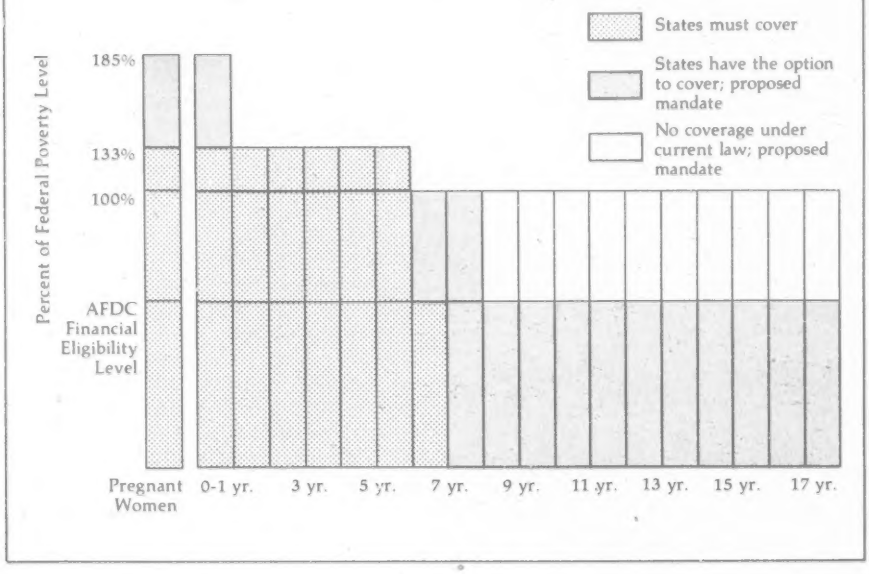
Three basic factors account for much of the growth in the number of uninsured children and families. First, insurance status is linked closely to family income. A child who lives in an employed family with below-poverty income is four times more likely than other children to lack employer-provided coverage, according to data from the U.S. Census Bureau. As the number of children living in poverty increased by more than 2 million during the 1980s, the impact on their insurance status was enormous.

Second, the employer-based private health insurance system has changed dramatically. The labor market for noncollege-bound young adults has shifted away from relatively well-paying manufacturing jobs to low-paying, part-time, and seasonal service sector jobs. Well-paying jobs and employment-based insurance both have become increasingly rare for noncollege-bound youths. Compounding matters further is the number of employers that increasingly decide not to subsidize the coverage of workers' dependents — coverage that can cost $2,500 to $3,000 per employee. Without other alternatives, such as "cafeteria plans" (special accounts drawn from payroll before taxes are deducted, and which are established to pay for medical or child care expenses), employees are forced to absorb an enormous financial burden. (Moreover, most families that benefit from cafeteria plans have incomes well above the median.) According to the U.S. Department of Labor, between 1980 and 1988 the proportion of medium-sized and large firms subsidizing in full the coverage of their workers' dependents declined from 72 to 51 percent.

Third, the modest improvements in publicly funded health coverage

MEDICAID COVERAGE

Medicaid Coverage of Pregnant Women and Children



programs such as Medicaid have not been adequate to offset the decline in employer coverage. Medicaid is the most important public insurance program for children. In 1987 Medicaid paid for basic care for more than 11.6 million children and half a million pregnant women, covering one in seven U.S. births. The Medicaid expansions that occurred between 1984 and 1989 can be expected to help about 100,000 pregnant women and 1 million young children in 1990. During the 1980s, however, some 1.5 million children lost employer-based coverage. Medicaid improvements alone cannot guarantee access for families living in communities with declining numbers of obstetricians, pediatricians, nurses, and other vital health care providers:

- An estimated 35 million Americans, two-thirds of whom are children and women of childbearing age, live in medically underserved communities. About half of all counties do not have even one office-based obstetrician-gynecologist. An estimated 799 U.S. counties have no prenatal care provider — not even a health department clinic — and some 6 percent of all births occur to women who live in these unserved counties.
- A recent study by the Institute of Medicine documents that malpractice costs have reduced the availability of obstetrical care significantly over the past five years — by as much as 20 percent in the nation's already inadequately served nonmetropolitan areas (80 percent of all communities designated by the U.S. Public Health Service as suffering from a health manpower shortage are rural). Even in large metropolitan areas such as St. Louis, Missouri, urban hospitals and health clinics report that by the summer of 1990, following the departure of six of eight National Health Service Corps obstetricians, there will be no obstetrical programs to serve the city's low-income women.
- According to a recent study by the American Academy of Pediatrics, between 1978 and 1989 low Medicaid reimbursement rates led to a tripling of the proportion of private pediatricians who place strict limits on the number of Medicaid-insured children they will see (from 26 percent in 1978 to 85 percent in 1989), and a 28 percent increase in the proportion of pediatricians (from 8 percent to 23 percent) who refuse to treat Medicaid-covered children at all.
- Programs such as Title V, Community and Migrant Health Centers, and the National Health Service Corps that are designed to boost the supply of high-quality health care in underserved communities all fared poorly to disastrously in the 1980s. Between FY 1981 and FY 1990, real dollar funding for community health centers dropped by 33 percent, and Title V funding fell by 39 percent. In 1981 funding for the National Health Service Corps scholarship program was virtually eliminated. From the early 1980s when more than 3,000 scholars were "in the pipeline" awaiting deployment in manpower shortage areas, the Corps has shrunk to a few hundred. For the more than 4,000 health manpower shortage areas nationally, the U.S. Public Health Service now has 150 obstetricians to deploy.

Recommendations

If the nation is to succeed in protecting children's health, there must be a commitment from families, communities, business, and government to ensuring health care that is affordable and accessible.

Federal Government

Because good health is essential to our nation's productivity and because society has an obligation to ensure that every child achieves his or her full

potential, there should be a uniform health program in the United States that provides health care coverage for all Americans. The United States is not one of 70 nations that includes basic medical care for workers and dependents. This nation stands alone with South Africa among industrialized nations in its failure to provide basic maternal and child health care for all workers and their young children.

In the long term, only a uniform program for at least all pregnant women and children, which includes both adequate insurance coverage and the resources to develop services where they are needed, will solve America's child health problems. Until that commitment can be fulfilled and a national program structured, however, it is essential to protect the poorest children. The following recommendations are designed to fill the gaps left by the patchwork of public health programs.

- **Expanded public coverage for low-income families.** For too long Medicaid has failed in its mission to serve the poor. In 1990 Medicaid coverage should be expanded to cover all poor and near-poor families (with incomes below 200 percent of the federal poverty level). By 1996 Medicaid coverage should be extended to all individuals with incomes below 200 percent of poverty.
- **A more adequate supply of providers for every medically underserved community.** Community and Migrant Health Centers serve millions of children and one of 10 low-income women giving birth each year. The 550 existing health centers are able to serve only 6 million of the 33 million medically underserved Americans. By 1992 the program should be expanded so that at least 1,000 clinics are available to individuals in underserved areas.
- The Maternal and Child Health Block Grant program should be funded fully to allow for service and care coordination to thousands of additional low-income women, children, and youths.
- The National Health Service Corps should be revitalized. By the end of 1990, sufficient funds should be made available to provide scholarships and loan repayments to at least the same number of physicians, dentists, nurses, and other health professionals as in 1980 (more than 6,000).
- **Improvement and maintenance of a basic public health system.** Sufficient funds should be made available for the childhood vaccine program to allow for control of disease outbreaks, dissemination of new vaccines, and outreach to families whose infants and preschoolers now go unprotected. An additional $80 million will be needed in FY 1990 and FY 1991 to meet this challenge.
- The WIC program, which serves only about half of the estimated eligible population, should be funded sufficiently to allow nutritional support to all poor and nutritionally at-risk women, infants, and children who apply.

State Government

During the 1980s states gained new influence over health policies. They maintain control over many public health dollars through block grant programs and through control of major decisions in the Medicaid program. Governors and state health officers now have far greater responsibility for decisions regarding statewide health insurance programs, the distribution of publicly funded services, and the availability of nutritional and other supports. Every state should consider:

- **Expanded insurance coverage.** States should enact all federal Medicaid options and implement Medicaid expansions as well. This means extending coverage to

all pregnant women and infants with incomes below 185 percent of poverty, increasing the supply of providers through improved reimbursement, and providing an adequate benefit package.

- State-funded insurance programs for low-income children and families otherwise ineligible for Medicaid have been enacted in at least six states. In Hawaii, Maine, and Massachusetts, universal coverage is the goal. In Minnesota and Vermont, children are the target. In New Jersey, a universal maternity care program for pregnant women has been proposed. Other states should use these or alternative models to provide coverage for families and children.
- **A more adequate supply of providers for every medically underserved community.** States should contribute general funds to support community health centers and their local health department's maternal and child health programs.
- In most areas, graduate medical education is supported with state funds. These funds should be used by states to encourage physicians and other providers to practice in medically underserved areas. Tennessee promotes private physician "homesteading" in underserved areas through financial support in return for service to low-income patients. All states should implement similar programs.
- **Improvement and maintenance of a basic public health system.** State funds should be used to support childhood immunization activities. State dollars could pay for personnel to administer vaccines and to improve ways to identify and serve culturally isolated families.
- In virtually every state, the WIC program has a waiting list of women, infants, or children who need food supplements. About one dozen states use their funds to supplement federal WIC dollars. In addition, states have used their purchasing power to secure competitive bids and reduce infant formula prices. Every state should take these steps.

The Private Sector

Business. The growing gaps between public coverage and private employer-based health insurance leave millions of children in working families unprotected. The business community can play a key role in reducing this problem. As long as the nation maintains a primarily employer-based system for health insurance, business has a responsibility to look for ways to cover workers' health care needs. Employers should:

- **Provide affordable health insurance for all employees.** Every employer should offer subsidized health insurance, with dependent coverage, to employees. Health care coverage should not be reserved for the highest paid employees. Dependent coverage should not be viewed as too great a luxury. Plans should not skimp on coverage of cost-effective services such as prenatal care and preventive care for children.
- **Institute corporate wellness policies that support families.** Several types of policies encourage healthy behavior. Employees should have adequate sick and family leave. In addition, there should be opportunities to reduce stress, fight substance abuse, and gain health education through the work place.

Community. Members of communities must take responsibility for protecting children and youths. Acting as role models, volunteering at health-related community events, voting for candidates who support health programs,

and supporting the location of health service programs in their neighborhoods are all part of this responsibility. Communities should create and support community projects that help families gain access to needed services. Specific community projects might include sponsoring health fairs, immunization stations, or parenting education classes in churches or neighborhood centers.

Health professionals. Health professionals should be concerned about the health of all children. The commitment of providers to service in publi. programs is essential to creating a system that will care for the health needs of all children. Health professionals also have a responsibility to teach families and the entire community about health issues. Specifically, health professionals should:

- Participate in publicly funded programs and serve a fair share of medically indigent patients.
- Build networks that include professionals from a range of disciplines to facilitate coordination of services.
- Serve in the community as teachers and resource persons.

Families. Families must protect their children's health and promote their development. This means that parents should protect their own health and be role models for healthy behavior. They should seek health care for their children and do all that is in their power to provide a safe environment for a child to grow up in. Most families can:

- Take their children to see a health care provider for preventive care, including immunizations and check-ups.
- Practice safety by providing only safe toys, using a car seat, installing smoke detectors at home, and not leaving children alone.
- Protect children's health by breastfeeding babies, preventing tooth decay by not giving babies a bottle at bedtime, and providing nutritious food.
- Be advocates for good health programs and policies for their children.

Education

For today's children, educational achievement is the key to adult opportunity. Children who learn to read, write, and compute effectively and who master the habits of mind that foster lifelong learning can look forward to challenging, well-paid work and to leadership roles in their communities. Children who do not master those skills and habits face a future of dead-end jobs, low wages, and marginal effectiveness in our increasingly complex society.

A relationship between education and life options always has existed in this country. In general, better-educated people have had more opportunities for satisfying and well-compensated work than those with little education. But historically our economy offered a respected role to those with limited education. There were jobs in industry and agriculture that enabled even those without high school diplomas to support their families comfortably.

Times are changing, however — and rapidly. Our economy is exploding with jobs at the top, jobs that require high-level skills and offer high-level remuneration. And because employers cannot fill these demanding jobs fast enough, they increasingly are moving jobs overseas to meet their needs for skilled employees.

On the other hand, the number of low-skill jobs that pay wages sufficient to support a family is shrinking fast. Barring unexpected changes in economic trends or wage structure, a good education will be the only reliable avenue toward productive futures for our children.

The Elements of a Good Education

A good start. All youngsters need the key building blocks of early development — adequate nutrition, decent medical care, and a safe and secure environment. In addition, young children — whether at home, in family day care, or in institutional child care or preschool programs — need to be engaged in activities that foster their social, emotional, and cognitive development.

Quality schools. As they grow older, children must attend quality schools if they are to learn the skills and acquire the mental discipline that are the hallmarks of a good education. They need to be offered a rich and rigorous curriculum that challenges them to make decisions, solve problems, and think originally. They must have teachers committed to teaching and skilled at bringing the curriculum to life, creating a series of learning experiences that pushes each child to achieve at his or her maximum potential.

Appropriate assessment and placement. Children need to be placed appropriately in classes that challenge their minds. Even in schools with ample resources for the average student, students with limited English ability, emotional or behavior problems, or physical or learning disabilities often are placed in classes that respond to their problems, not their potential.

Education at a Glance

Parents' Education

- In 1988, one-fifth of all children younger than 18 lived with a parent who did not graduate from high school.
- Three out of 10 black children and almost six out of 10 Latino children have a parent who lacks a diploma.
- More than one-third of Latino parents have completed less than nine years of schooling.

Progress through School

- Black and Latino four-year-olds, whose families often lack affordable preschool and child care options, are twice as likely as white four-year-olds to be enrolled in kindergarten. Early enrollment puts them at a developmental disadvantage.
- By age eight or nine, black and Latino students are twice as likely as white students to be two or more grades behind in school.
- By age 16 blacks and Latinos are three times as likely as whites to be two or more grades behind.

Enrollment in Low-Quality, Highly Segregated Schools

- Two-thirds of blacks and 70 percent of Latinos attend schools in which more than 50 percent of the students are from minority groups.
- One-third of blacks and Latinos attend schools that are more than 90 percent minority. High minority enrollment does not, in and of itself, result in poor-quality schools, but these schools generally lack resources of all kinds.

Curriculum, Placement, and Tracking

- Although black students make up about 16 percent of the total school population, they account for:
  - Thirty percent of the school expulsions;
  - Thirty-four percent of the enrollments in classes for the mentally retarded;

Consistent support and clear expectations. As they proceed through school, children must be inspired by a sense of possibility. Both in school and out, they need opportunities to learn about the working world so they can understand the connections between their school work and their future lives. They need to have a variety of experiences that allow them to discover and develop their special talents.

Children need a safe and quiet place to study and someone who can help them do their homework and develop self-discipline. They need caring, knowledgeable adults to rely on for advice and emotional support. They need at least

Education at a Glance (Continued)

- Only eight percent of the enrollments in gifted and talented classes.
- Low-income students are three times less likely than high-income students to be enrolled in academic track classes.

Achievement

- Half of American 17-year-olds do not have reading, math, and science skills that would allow them to perform moderately complex tasks such as summarizing a newspaper editorial or calculating decimals.
- The reading and math skills of 17-year-old black and Latino students are comparable to those of white 13-year-olds.

High School Graduation

- The high school graduation rates of young adults have increased by only 3 percentage points during the past 20 years.
- Only 63 percent of Latino 20- to 24-year-olds have high school diplomas, compared with 79 percent of blacks and 86 percent of whites in that age group.
- Poor teens are more than three times as likely as nonpoor teens to drop out of school.

College Enrollment

- In 1986, 55 percent of all 18- to 24-year-old high school graduates were enrolled in or had completed at least one year of college, an increase of only four percentage points since 1967.
- College enrollment among black high school graduates increased from 35 to 47 percent between 1967 and 1986.
- The percentage of poor high school graduates enrolling in college decreased from 34 percent in 1975 to 30 percent in 1986; among nonpoor students the percentage increased from 34 to 39 percent.

one person — a parent, teacher, or member of the community — who believes in them and who can demonstrate that school achievement has future payoffs.

Support and intervention services. Throughout their educational careers, children and youths need to be offered support services that reduce the barriers to learning. These crucial supports include nutritious meals, health screenings, counseling, homework labs, safe before- and after-school programs, and tutoring and supplemental activities that reduce the need for grade repetition. Children

and youths also need early and appropriate responses to problems such as pregnancy, truancy, and substance abuse. Left unattended, these problems become barriers to school attendance and completion.

Shortchanging America's Children and the Results

Americans are beginning to realize that far too few of our children — regardless of their socioeconomic status — are getting a first-rate education. National assessment and attainment data tell the discouraging story:

- Eighteen percent of the country's young adult population lacked high school diplomas in 1986, a decrease of only three percentage points since 1970, even though the demand for well-educated employees has increased substantially.
- Fewer than half of American 17-year-olds who are in school have reading, math, and science skills that allow them to perform moderately complex tasks that might be expected in many entry-level jobs. Only half can compute using decimals, fractions, and percents; fewer than half can understand, summarize, and explain the kind of material found in encyclopedias or high school textbooks; only 28 percent can write a persuasive argument. These scores have improved only marginally over the past decade.
- In the 1988 international assessment of math and science achievement conducted by the Educational Testing Service, American 13-year-olds ranked last — after 13-year-olds in the United Kingdom, Spain, Ireland, Korea, and three Canadian provinces — in their ability to solve math problems. Korean students were twice as likely to be able to solve moderately difficult math problems as American students, and four times as likely to be able to solve fairly complex problems.

Children Who Need the Most Get the Least

As these data make clear, U.S. schools generally are failing all of our children. But the deficiencies in our schools are less debilitating for middle- and upper-class children than for poor and minority children. Better-off families often can give their children the environmental and emotional supports they need for school success, and they can draw on a variety of other resources to compensate for school inadequacies.

Equally important, these families have the resources and knowledge to press mediocre schools to improve or to compensate for their weaknesses. It is common for parents in affluent suburban schools to suppply equipment, teachers' aides, or even trained personnel to supplement their schools' resources. And when these parents are dissatisfied with the level of instruction their children receive, they are likely to insist that their children be reassigned to more able teachers.

Most poor families, however, lack the personal resources to improve or compensate for their schools' deficiencies. When their children fall behind in class, these families are unable to afford tutors or to provide educational extras to supplement school work. Likely to be hindered themselves by limited education or limited proficiency in English, and overburdened by the daily stress of economic — and sometimes physical — survival, poor parents are less able than middle-class parents to monitor and support their children's progress through school.

Some poor children are living in situations that threaten not just their academic learning but their lives. A single mother in Oakland, California, for example, reported that she and her two children huddled together in their bathtub every night because it was the only place they felt safe from the stray bullets piercing their tenement walls. These children, like the thousands who are homeless, who are threatened by gangs or have drug-addicted parents, have much on their minds besides school work.

For most low-income children — who are disproportionately black and Latino — poverty takes its toll in less dramatic but equally destructive ways. More likely to be born at low birthweight, to live in substandard housing, to be inadequately nourished, and to have inadequate health care, low-income children come to school with more untreated health problems and learning disabilities than middle-class children. Only 38 percent of school-age children in families earning less than $10,000 annually are in excellent health, compared with 63 percent of students in families earning $35,000 or more.

Low-income children not only come to school less healthy, they come less well-prepared. In 1986, two of three four-year-olds in families earning at least $35,000 annually were enrolled in some type of preschool program, while only four of 10 four-year-olds in families earning less than $10,000 were enrolled. The federal Head Start program and state-funded early childhood education programs are intended to reduce this gap in access to early childhood education, but their low funding levels allow them to serve only a fraction of eligible poor children.

Having few low-cost options for preschool education, low-income families often enroll their children in kindergarten at the youngest possible age. Black and Latino four-year-olds — who are disproportionately likely to be poor — are about twice as likely as white four-year-olds to be enrolled in public kindergartens. Because they are a year younger than their more affluent white classmates, these children, who already suffer so many other disadvantages, start school at a developmental disadvantage as well. As kindergartens become more academically focused, requiring students to enter with many of the cognitive and social skills previous generations of students developed while in kindergarten, this developmental disadvantage puts low-income and minority students at increased risk of early school failure.

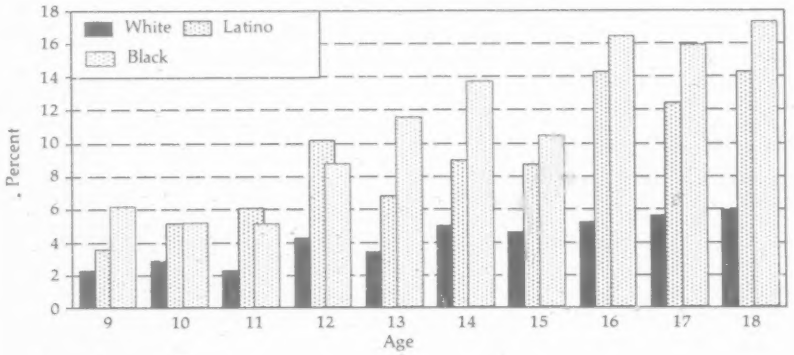
The consequences of these unequal economic circumstances and opportunities are unconscionable gaps between the educational performance of rich students, who are largely white, and poor students, who are primarily from minority groups.

Progress through school. The combination of early school entry and poor school readiness increases the likelihood that many low-income and minority children will repeat grades early in their school careers. By age eight or nine, black and Latino students are twice as likely as white students to have fallen two grades behind; by age 16, black and Latino students who are still in school are three times as likely to be behind two or more grades.

High school completion. Grade repetition is linked closely to dropping out of school; students who are held back a grade are three times as likely to drop out of school as students at grade level, according to the National Center for Educational Statistics. It is not surprising, then, that minority youths are less likely to have completed high school than white youths. Among 20- to 24-year-olds, 15 percent of whites, but 21 percent of blacks and 37 percent of Latinos lack high school diplomas. The lower high school completion rates of black and Latino youths reflect, in large part, their higher poverty rates. Among 18- to 20-year-olds, only 53 percent of poor youths have high school diplomas.

FALLING BEHIND

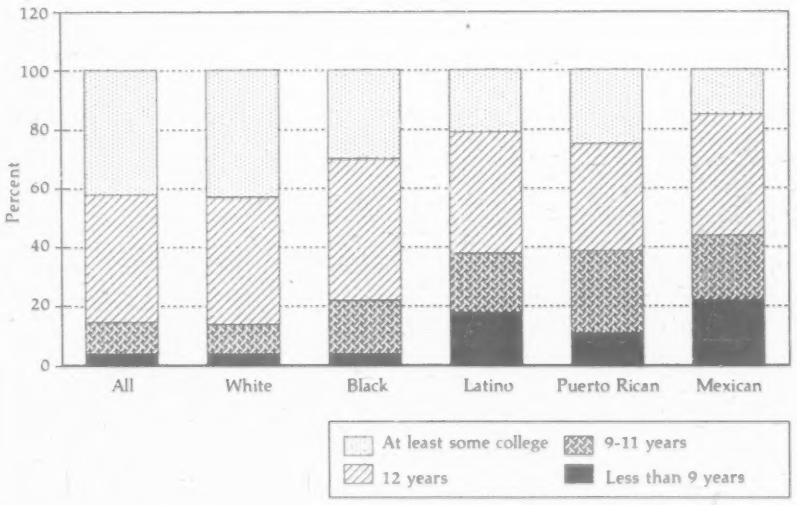
Percentage of School-Enrolled Students Two or More Grades Behind, 1986



Source: Census Bureau.

EDUCATIONAL ATTAINMENT

Distribution of Educational Attainment for 20- to 24-Year-Olds, 1988

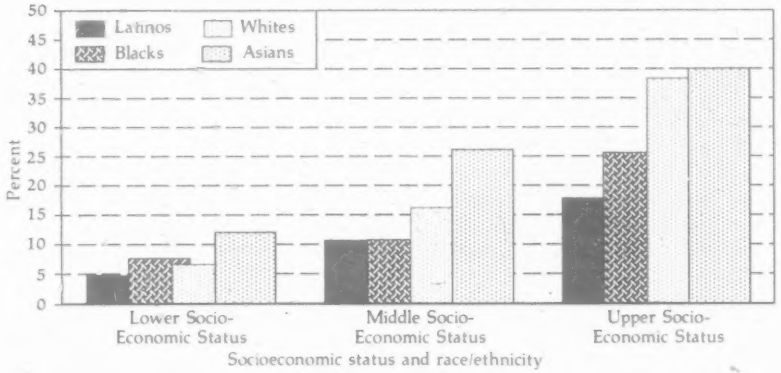


Source: Census Bureau.

Achievement. The performance gap between affluent and poor students that is noticeable when children first enter school grows larger as they progress through the grades, as reading scores from the 1984 National Assessment of Educational Progress (NAEP) illustrate. At age nine, students from urban areas where a high proportion of residents hold professional or managerial jobs were

COLLEGE DEGREES

Percentage of 1980 High School Seniors Who Had Attained a B.A. Degree by 1986



Source: U.S. Department of Education, National Center for Education Statistics.

twice as likely to comprehend basic age-appropriate reading materials as students from urban areas where a high proportion of residents were on welfare or unemployed. By age 17, the gap was three to one.

Black and Latino 17-year-old students, disproportionately represented in disadvantaged urban areas, have made significant gains over the past decade, but these gains have been made primarily in their mastery of basic skills. The reading, science, and math levels of black and Latino 17-year-olds are at about the same levels as those of white 13-year-olds.

College attendance. Among high school graduates, the gap between the educational experience of rich and poor youths persists. Between 1975 and 1986, the proportion of poor high school graduates ages 18 to 21 attending college decreased from 34 to 30 percent; the rate for nonpoor youths in that age group increased from 34 to 39 percent. Students from well-educated, affluent families are six times more likely to attain a bachelor's degree six years after obtaining a high school diploma than are students whose families have fewer resources. Black and Latino high school graduates are less likely to go on to college than whites and, once enrolled, are less likely to graduate.

Failing Schools Mean Failing Students

Some educators use performance data to suggest that students who are poor, black, or Latino cannot master the broad range of knowledge and skills necessary for educational achievement. This is nonsense. An increasing number of schools across the country are proving that virtually all students are capable of mastering necessary knowledge and skills if they are provided with quality education. It is not disadvantaged students who are failing, but the schools they attend.

Poor and minority students are enrolled disproportionately in predominantly poor and minority schools. In 1986 more than 70 percent of Latino students and

Students with Special Needs: A Hidden Population

Educational achievement is no more crucial for any group of American children than it is for those with mental, physical, or emotional disabilities. As the National Council on Disability explains, "In a society too frequently preoccupied with defining people in terms of their *disabilities*, a good education offers people an opportunity to define themselves in terms of their *abilities*." Yet recent research shows that students with disabilities are 50 percent more likely to drop out of school than students generally. They are only one-fourth as likely as other students to participate in postsecondary programs.

Most parents and professionals agree that it is important to intervene early in the lives of children who have disabilities or are at risk of acquiring them. Recent federal and state efforts to deliver coordinated, family-centered services to disabled infants and toddlers are first steps in avoiding the developmental delays that can emerge as a disabled child grows. Yet these services are not widely available to children at risk of disability resulting from very low birthweight or significant prematurity, or to children who live in poverty in addition to suffering one of these risk factors.

Early intervention must be followed by placement in school programs that maximize disabled students' strengths rather than reinforce their weaknesses. To avoid the educational disadvantage experienced by many disabled students, many more must be served in regular classrooms and taught the standard curriculum. A 1985-1986 report prepared for the National Center on Education and the Economy reveals that barely one-fourth of special education students received instruction in regular classsrooms for 80 percent or more of the school day.

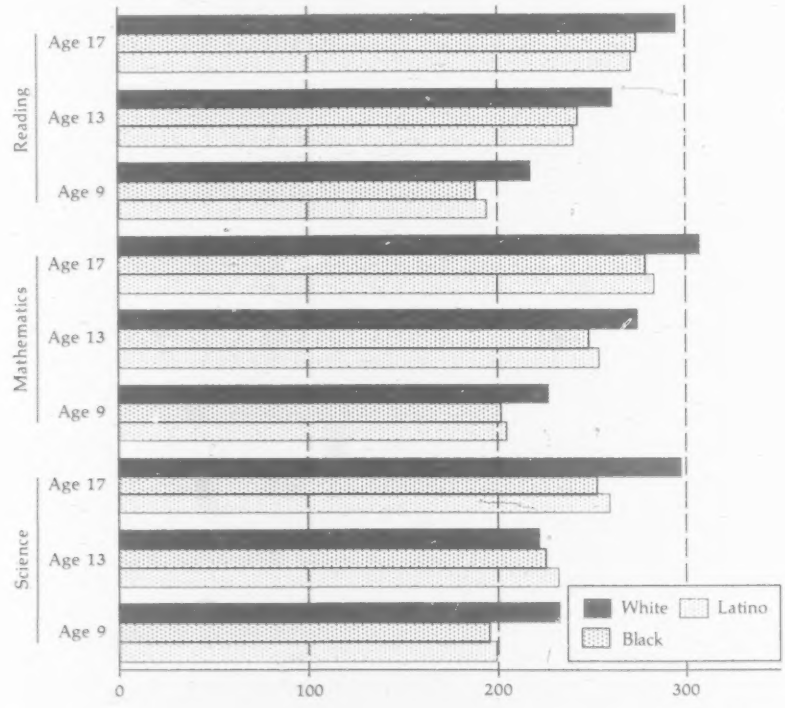
Students with disabilities are found at all income levels, but the prenatal and environmental risks faced by low-income mothers and children — and the lack of access to health and diagnostic services that would prevent or ameliorate some problems — mean that children with special needs are disproportionately poor and minority. Black children from families with annual incomes of less than $6,000 are 21 times as likely as white children with family incomes of more than $15,000 to have blood lead levels high enough to cause intellectual and physical developmental delays.

Students with limited English-language proficiency make up another group that is not well served by U.S. schools. In 20 of 33 states surveyed by the Council of Chief State School Officers, at least one-fourth of these students were not served by bilingual education classes. In four of those 20 states, three in five students with limited English proficiency received no bilingual education services.

Frequently, these students essentially are punished by being forced to choose between learning English and studying math, science, or literature. Today, technology and interrelated world markets have created, in essence, a global community. Thus, the ability to speak a language other than English should be valued and supported, not punished or treated as an educational liability.

TEST SCORES

Reading, Mathematics, and Science Proficiency Among All Students, Ages 17, 13, and 9, 1986 and 1988*



Scoring Levels
350 — Advanced
300 — Adept
250 — Intermediate
200 — Basic
150 — Rudimentary

• Although National Assessment of Educational Progress results show that almost all 17-year-old students have similar command of the basic skills in reading, math, and science, Latino and black students lag behind whites in their command of the more advanced skills and operations.

*Proficiency tested and scored according to standards established by the Educational Testing Service.

Source: Educational Testing Service, *Crossroads in American Education*, February 1989 (Figure 3) for 1986 math and science scores; and January 1990 (Figure 1.3) for 1988 reading scores.

63 percent of blacks were enrolled in schools that had a minority population of more than 50 percent. And almost one-third of Latino and black students were enrolled in intensely segregated schools, in which 90 percent or more of the students came from minority groups. Segregated schools do not have to be low-achieving institutions. But like those that serve low-income students in general, most segregated schools lack the array of resources needed to provide students

with a competitive education. Myriad differences separate the schools serving poor and minority children from those that serve other students.

Quality of teachers. In general, those who teach in predominantly black and Latino schools have less training and experience than their colleagues in predominantly white schools. A 1983 study by the U.S. Department of Education reported that more than 14 percent of all newly hired teachers in inner-city school districts were not certified to teach what they were assigned to teach. That was twice as many uncertified teachers as were hired in other districts. The highest proportions of uncertified teachers were in bilingal education and special education, areas of special importance in schools serving low-income and minority students.

Nationwide hearings held in 1986-1987 by a national educators' organization revealed that teacher turnover in urban districts, especially among new teachers, was highest in schools serving Latino and black students.

Curriculum. In predominantly black and Latino secondary schools, the curriculum tends to be heavily lopsided in favor of low-level courses. In mathematics, for example, general math, business math, and consumer math (with such titles as "Fractions without Denominators") fill the curriculum. Advanced algebra, trigonometry, and calculus classes are rare, and may not be offered at all. Even when offered, however, they rarely cover the same material in the same depth as do more affluent schools. Whatever the curriculum, many minority students get less instruction time than their white counterparts as a result of their high suspension and expulsion rates. Black students, for example, account for 30 percent of all school expulsions, but for only 16 percent of the total student population.

Resources. In predominantly black and Latino schools, libraries typically are stocked with outdated materials, and laboratories, when they exist at all, are likely to have outmoded equipment. A recent study of conditions in urban schools reported that 65 percent of the 31 schools studied had shortages of instructional materials, 87 percent had staff shortages, 50 percent had serious space problems, and 33 percent of the buildings were judged inadequate, with broken windows, burned-out light bulbs, and a need for major structural repairs. The nationwide hearings held in 1986 and 1987 also established that schools serving primarily black and Latino students had fewer computers and up-to-date texts, a severe shortage of elementary-level counselors, and few special programs for gifted and talented students.

Financing. Recent state supreme court decisions have highlighted the huge imbalances in school funding. In Texas, for example, the Supreme Court found that the wealthiest school district spent about $19,000 per student per year, while the poorest spent only $2,100. Even within single districts inequities abound. In the Los Angeles Unified School District some predominantly white schools spend $500 more per student each year than do schools serving black and Latino students.

Lingering Differences in Placement and Treatment

Even when black, Latino, and poor students attend predominantly white, middle-class schools they run the risk of being educationally shortchanged by being placed in lower-track classes with less demanding, less experienced teachers and a watered-down curriculum. Although black students make up about 16 percent of the total school population, they account for 34 percent of the

enrollments in classes for the mentally retarded, but only 8 percent of the enrollments in gifted and talented programs. Similar patterns apply to Latino students.

Although there are only small differences among white, black, and Latino enrollments in first-year Algebra — 78, 71, and 73 percent, respectively — white students are twice as likely as blacks and Latinos to take trigonometry and calculus. In contrast, black and Latino students are more than twice as likely as white students to be enrolled in remedial math classes.

We Know How To Narrow the Achievement Gap

Schools that do a good job of teaching all of their students, whatever their backgrounds, have certain common characteristics. Among other things, effective schools:

- Base all of their efforts on the conviction that their students can achieve at high levels given the right kinds of help;
- Insist that teachers and administrators accept individual and collective responsibility for their students' achievement;
- Establish clear goals and develop concrete action plans to achieve them;
- Monitor student progress regularly and intervene quickly when problems arise;
- Evaluate teacher and staff performance and provide assistance or additional training in keeping with the school's overall goals;
- Involve parents in the schools and in their children's education in significant ways.

Ideally, every school also should have sufficient financial, personnel, and physical resources to meet its students' needs, and should coordinate with local service providers to make health care, child welfare, mental health, job training, and other support services accessible to students and their families.

Many schools around the country are demonstrating that schoolwide planning, teacher commitment and accountability, and parent involvement do improve student performance. For example, five predominantly black schools in a Pittsburgh, Pennsylvania, school district have closed the gap completely between their students' performance and that of white students in other district schools.

Between 1981 and 1987, the percentage of students in one mostly black school scoring at or above the national norm in reading increased from 52 percent to 84 percent. Between 1986 and 1989, 68 percent of the students reached or exceeded the white norms in Pittsburgh.

In analyzing the reasons for the changes in student performance, educational researchers cited factors that correspond closely with those outlined previously: instructional leadership by principals; high faculty expectations for students; consensus among teachers, parents, and students that achievement is the highest priority; a discipline policy clearly articulated to both students and parents by the principals; parental input and feedback on school problems, goals, and directions; and a monitoring system that keeps teachers and principals informed on their progress in raising reading and mathematics achievement.

The schools in Orangeburg, South Carolina, offer another example of system-wide change that improved student achievement. The Orangeburg school district is 80 percent black and 75 percent poor; nonetheless, since 1974 it

has reduced its dropout rate from 40 percent to 2 percent and has increased the proportion of fourth-graders scoring above the national average in language, reading, and math from 14 percent to 59 percent.

The district superintendent attributes the turn-around mainly to programs that build students' self-image, beginning in preschool and continuing throughout high school. In addition, South Carolina's Education Improvement

Improving Low-Performing Schools

Across the country, individual schools' successes in improving the performance of poor and minority students make it clear that academic failure is most often a system problem, not a student problem. Yet as a nation we have not concentrated on making bad schools into good ones.

Several initiatives around the country are encouraging change and providing valuable guidance to schools and school districts that want to improve. The goal of these efforts is not to make all schools look alike, but to help each school develop a path to achievement that fits its own students' needs.

California Achievement Council (CAC). An independent organization formed by Latino and black leaders in 1983, the CAC is assisting more than 200 predominantly black and Latino schools across California in a multi-year improvement process. The council focuses on increasing student achievement and college-going rates by building teacher-administrator teams to improve instructional programs.

Stanford University's Accelerated Schools Project. This project began its work in two elementary schools in the San Francisco Bay Area, and has extended its services to schools outside of California. The project seeks to accelerate the education of poor and minority students to make sure they are working at grade level by the end of sixth grade. With guidance from Stanford faculty, teachers and administrators refocus the school curriculum, emphasizing high-level reading and writing activities and a conceptual approach to math, science, and social studies. Rigid ability groupings are eliminated and cooperative learning techniques are used to get students working together. Students spend increased time at school each day, and parents are taught how to help their children succeed in school. Parents also sign a contract outlining their responsibilities.

Southern Coalition for Educational Equity. The coalition has formed an unusual alliance with the New Orleans public schools, the local teachers' union, and the community to improve the city's schools. Four elementary schools and three middle schools are participating in the Effective Schools Project, which is designed in part to help principals become better instructional leaders and to improve teachers' skills. The project aims to increase reading comprehension among fourth- through eighth-grade students through longer, uninterrupted reading periods, the use of high school tutors, and other innovations derived from the coalition's summer reading program.

Act of 1984 supplements the Orangeburg schools' programs by promoting regular student assessment, remediation when needed, higher teacher salaries, and the use of instructional technology. There is one computer for every six students in the school district, and parents and other community members volunteer a total of about 1,000 hours per year.

Teachers at Garfield High School in Los Angeles have helped the predominantly Latino student body prove its ability to compete successfully at the highest level: the College Board's Advanced Placement Tests. Building on the work of renowned mathematics teacher Jaime Escalante in preparing students for the Advanced Placement calculus exam, the school systematically expanded its Advanced Placement course offerings. The principal and other school leaders focused enormous energy on convincing Garfield students that they could perform well in college-level courses and worked hard to build an atmosphere of enthusiasm and expectation. The faculty simultaneously eliminated courses in the regular curriculum that lacked academic rigor and demanded more advanced-level course work for graduation.

The results of these efforts are evident not only in increased achievement and college-going rates, but in Advanced Placement Test data. Between 1981 and 1989, the number of Advanced Placement Tests administered annually to Garfield students increased from 56 to 503. In 1986 Garfield students accounted for one-third of the national total of Latino second-year Advanced Placement calculus tests administered; in 1988 Garfield produced more Latino calculus test-takers than in the entire state of Arizona.

Educational Achievement: A Shared Responsibility

Every sector of society has a vital role to play in ensuring that all children are educated for productive lives as parents, workers, and citizens. Families, schools, communities, and businesses all must understand their own roles in supporting education, become aware of the contributions each of the other sectors of society can make, set clear goals for educating all children, and agree on standards by which to measure success.

Families, as the first educators, must lay the groundwork for learning and continually reinforce the school's efforts. Schools, as the formal educators, bear the responsibility of making sure that every child receives the kind of instruction and encouragement that allows him or her to achieve at his or her maximum. Communities, as the setting in which families and schools intersect, must interpret, reinforce, and demonstrate the lessons taught in the other two institutions. Businesses, as the present employers of parents and the future employers of children, must contribute financial, human, and technological resources to schools, assist their own employees' educational efforts, and speak out in support of public policies that improve the educational opportunities of the disadvantaged.

Government, as the overseer of the education process, must provide leadership in making education a top national priority, demand accountability from our nation's schools and educators, and ensure that no child's education is hampered because of inadequate, inefficiently used, or inequitably distributed resources.

Recommendations

This country needs a national education strategy to improve the educational achievement of all children. But black, Latino, and poor children must be at the center of that strategy because our schools consistently have neglected these youngsters in the past.

Federal Government

It will take bold steps to increase the quality of and access to education for all American children. The federal government has a crucial leadership role to play. It should:

- **Lead the national goal-setting process.** Schools will not improve and students will not achieve without strong goals against which children's performance and the quality of their schools can be measured. The federal government, in conjunction with the states, should set goals that call for high achievement from all students, eliminate the performance gaps between white and minority students and between low-income and affluent students, and establish explicit expectations for students with special needs. If children with special needs are not explicity included in the goal-setting process, they almost certainly will be ignored in school improvement efforts.
- **Increase funding for monitoring progress.** The federal government must appropriate money to improve the National Assessment of Educational Progress so that state-level analyses can be done.

A parallel national assessment of education practice must be established that assesses what goes on inside schools. It is this level of activity — who teaches what to whom, when, for how long, using what methods and supports — that determines student achievement. This information, although needed for only a sample of schools and classrooms across the country, is the missing piece that will allow us to understand differences in student performance. Without such information educators will remain uninformed about the educational inequities that occur from classroom to classroom.

- **Increase access to early childhood education.** Because of the profound impact of early childhood develpment on children's subsequent learning, Head Start must be expanded to serve all eligible children by 1994.
- **Continue expanding and strengthening Chapter 1,** the compensatory education program aimed at helping poor youngsters at risk of falling behind in school. In 1988 Chapter 1 was reauthorized and strengthened, and Congress made a legislative commitment to increase funding by at least $500 million each year until all eligible children are served. That commitment must be honored, and research, monitoring, and technical assistance must be increased to ensure that information about good instructional practices is disseminated among school districts.
- **Increase investment in disabled and non-English speaking students,** whose participation in regular classrooms depends on targeted help through the Education for All Handicapped Children Act (PL 94-142) and the Bilingual Education Act. More funding is needed for programs that keep disabled students in regular classrooms and for developmental bilingual programs that allow English-speaking students and those with limited English-language proficiency to learn one another's language.

- **Strengthen the education profession.** The shortage of teachers, especially minority teachers, demands that the federal government play a much more active role in expanding the national teaching force and improving teachers' skills. Federal initiatives should include: a Teacher Corps that provides scholarships for teacher candidates; a mechanism for rewarding high-performing, experienced teachers for staying in the classroom; and academies that help teachers enhance their skills, especially in teaching math and science and in serving low-income, minority, or disabled students and students with limited English proficiency.
- **Principal training.** Since effective principals are crucial to school improvement, the federal government must support a principal training effort that identifies individuals interested in improving low-performing schools, offers them several months of intensive training, then assigns them to work for a year with experienced principals who have had proven success in turning around low-performing schools.
- **Expand school nutrition programs.** Research shows that low-income students who participate in school nutrition programs have lower rates of absence and tardiness and higher reading and math gains than those who do not participate. These cost-effective programs must be expanded, and school personnel must promote them as a valuable part of the school program.
- **Increase financial aid for low-income students.** The federal government should provide college grants to all low-income students who want to attend college. In addition it should increase the availability of guaranteed loans to low- and moderate-income students and expand the TRIO programs, which provide low-income and minority youths with access to and financial support for participation in postsecondary education.

States

The states increasingly are participating in goal-setting. Beyond this, however, they must play a central role in establishing high expectations for all school districts, and for all teacher training and curriculum development. States must:

- **Expand early childhood education programs.** To supplement the federal commitment to Head Start, states should increase appropriations for comprehensive early education programs, which include quality before-school and after-school child care. States also must commit to full participation in and development of the infant and families program and preschool program for special-needs and high-risk children under the Education for All Handicapped Children Act and the Education for the Handicapped Act (PL 99-457).
- **Eliminate funding and performance inequities among schools and increase funding accountability.** Court cases in Kentucky and Texas recently have called national attention to the shocking inequities in school financing in this country. If the nation is to close the gap between the performance of poor and middle-class students, states must intervene to raise the funding levels in poorer school districts.

States also must make sure that districts with disproportionately high numbers of low-income students have the other resources they need to improve. States should consider targeted funding and technical assistance to districts

or schools with the greatest needs. These districts, in turn, should be required to develop plans and goals and should be held accountable for making improvements.

- **Improve the quality of teacher preparation.** States must provide incentives and sanctions to convince colleges and departments of teacher education to raise the quality of teacher training. Prospective teachers must be grounded thoroughly in the academic subjects they teach, and they must learn how to instruct their students in ways that stimulate critical thought and problem-solving. In addition, teachers must be prepared to work effectively in inner-cities, in rural areas, and with children from diverse cultural and ethnic backgrounds.
- **Build a comprehensive array of supports for children.** Since children need a wide range of supports in order to learn at their maximum potential, states should develop and fund comprehensive programs in or near schools that address students' needs for health care, counseling, and recreational activities, and offer students opportunities for positive adult contact.
- **Expand access to postsecondary education.** To ensure an adequate pool of highly skilled workers, states in partnership with the business community must establish programs that guarantee payment of tuition and expenses for college and postsecondary training to every qualified student.

Local School Districts

Much can happen at the local level to improve the quality of education of low-income and minority students, and students with special needs. Local school districts should:

- **Improve and coordinate early childhood education and child care programs.** Although this responsibility does not rest solely on the schools, districts can provide leadership in bringing together educators, private providers, and social service agencies to develop effective community-wide programs.
- **Improve the use of Chapter 1 funds.** Changes in Chapter 1 under the 1988 reauthorization give school districts increased flexibility to use program funds for school-wide improvements in schools where a large majority of the students are eligible. Such efforts would reduce the damaging practice of pulling Chapter 1 students out of regular classrooms for special instruction. States also should develop after-school and summer Chapter 1 programs and expand Chapter 1 in the middle grades.
- **Eliminate tracking and ability grouping at all levels and establish a rigorous core curriculum for all students.** Schools and school districts across the country are taking steps to eliminate formal policies and practices that sort rather than support students. School districts must support early childhood education programs (prekindergarten through grade three) that meet all childrens' needs without sorting and labeling them. The trend toward putting kindergarten students into either academic or remedial kindergartens has not proved effective in accelerating the development of "less-ready" children.

For older children, every district should have pilot projects underway to test and implement new teaching and learning strategies that do not rely on tracking to address student differences.

- **Ensure proper assessment and placement of special needs students.** States must urge school districts to standardize and improve their assessments of students with special needs. The states also must increase their monitoring of student placements, especially placements of students with emotional and behavioral problems.
- **Build partnerships with parents, the community, and social services.** Education does not occur in a vacuum. School districts have to find ways to increase the involvement of parents through aggressive outreach to poor and minority parents, using both bilingual and nonwritten communication. Closer coordination between the schools and the community should result in better use of schools for adult education, child care, and other community purposes. And partnerships with the business community can bring new volunteers into the schools and expand the chances for students to explore career and job opportunities.

Businesses

The business community has a large stake in making sure that all children achieve at the highest levels. Business should:

- **Target financial, human, and technological resources to help poor schools improve.**
- **Expand corporate involvement at the district level.** While it is helpful for businesses to adopt individual schools, as some already have done, corporations can make a larger impact by committing sustained resources to the improvement of a school district. For example, business can provide management training to principals, lend personnel to the school district as instructors in special areas, and underwrite extracurricular activities.
- **Continue to be strong advocates for quality education.** In recent years, the business community has been an important leader for education reform. Business leaders in every community must continue to speak out strongly for public policies that support early childhood education, more equitable school funding, better teacher training, and comprehensive supports for children who need them.
- **Support employees' continuing education and involvement in their children's education.** Businesses should promote and subsidize educational efforts by their employees, assist parents with child care, and give parents paid leave to participate in their children's school activities.
- **Reinforce the importance of high school completion.** Business can supplement the community's efforts to keep students in school through programs that expose them to the world of work while they are students and ease their transition into full-time employment after they graduate.

Communities

As extensions of the family, religious, civic, and neighborhood organizations, social service agencies, health services, and youth-serving agencies can support and assist parents and schools in educating children. Community leaders and organizations must:

- **Generate broad support for school improvement.** Whether or not they have children in public schools, all voters must be encouraged to understand the importance of supporting schools financially and with other community resources.
- **Hold schools accountable for the quality of education students receive.**
- **Help parents help their children learn.** Community organizations can offer parenting education that includes information with which parents can help their children be successful in school. Community leaders can contribute their leadership to parents' efforts to get involved in and improve schools.
- **Offer students new opportunities to expand their experience** through extra-curricular classes, field trips, and cultural and recreational activities.
- **Create community-service opportunities for students.** By contributing to their communities, youths develop feelings of competence and self-worth and a sense of being needed.

Families

Families play a central role in preparing children for school, motivating their children to learn, and monitoring their children's educational progress. Parents should:

- **Create a learning environment in their home.**
- **Make sure children attend school regularly.**
- **Communicate with their children's teachers regularly.**
- **Participate in school activities and parents' organizations.**
- **Volunteer at their children's schools** whenever possible; be a mentor to a child who needs special attention.

Life Skills for Youth Development

Improving the quality of education offered in American public schools — in particular those now at the very bottom — is of paramount importance to the development of a nation of high achievers. But these efforts alone are not enough to ensure that our children and youths have the skills and confidence needed to assume the responsibilities of adulthood. Schools are *the* public institution charged with academic and civic education, but there are obvious things that schools, as currently structured, cannot do even if the quality of instruction is vastly improved.

The overall development of youths who are prepared socially, physically, and emotionally to operate successfully in the adult world requires a societal commitment to their education, health care, and work preparation as well as to the provision of basic supportive services to their families. It also requires a commitment to develop their life skills, an effort that involves bolstering their confidence, nonacademic skills, leadership, and citizenship.

Youths need:

- **Leisure time activities.** Structured activities and supervised opportunities for interaction with peers and adults (including help with homework) during the after-school hours, on weekends, and during the summer months.
- **Nonacademic education.** Opportunities — during the school day as well as during nonschool hours — for exploring nonacademic interests and developing basic skills for living, including physical education, recreation, exposure to the arts, personal and social skills development, and cultural education (development of an understanding of heritage and history).
- **Community involvement.** Ways for youths to explore, participate in, and contribute to the world around them, starting with their neighborhoods and expanding to larger communities; opportunities to have experiences and relationships that foster a sense of community and link them with the adult world.
- **Opportunities for applying knowledge and developing leadership abilities.** Involvement in all stages of diverse projects and activities; opportunities for youths to use their skills in ways that contribute to others.
- **Central places and central people.** Relationships with key adults within as well as outside the family who provide youths with a feeling of generational continuity and a sense of social structure; contact with adults who can assess their needs and link them with needed programs, services, and opportunities; attachment to places, not limited to home, where they can feel safe, be themselves, and get assistance when needed on a wide range of issues.

All youths need these opportunities for contact, continuity, exploration, and leadership. Yet there is a lack of widespread public recognition of their importance

for overall life skills development and adult success. Most youths are able to find some of these opportunities within their families, but even they need assistance from outside the family in the form of facilities and opportunities for interaction with peers. Other youths are in families that are able to do little more than provide for them the very basics for survival.

Many Youths Lack Needed Supports and Opportunities

Changes in family structure, labor force participation, and household composition have resulted in fewer available adult family members to provide for adolescent needs after school and during the long summer months. Three of 10 adolescents live in single-parent families today, almost double the 1970 rate. There has been a similar increase in the proportion of adolescents with mothers in the work force. Seven of 10 school-age children (ages six to 17) have mothers in the labor force, many full time, up from four of 10 in 1970.

These changes, coupled with the greater geographic migration and scattering of extended families, mean that fewer parents are at home in the after-school and summer hours. It also means that there is less support from relatives and neighbors. As a result, too many children now go home to empty houses and apartments, and many feel unsafe.

- An ongoing survey of sixth- through twelfth-graders in predominantly middle-sized communities found that, on an average school day, five of 10 sixth-graders and almost six of 10 junior and senior high school students spend two or more hours at home without adult supervision.
- In 1984, when children were invited by the language arts magazine *Sprint* to write about a situation they find scary, 70 percent of the 7,000 letters that poured in from fourth- through sixth-graders across the country described fears of being home alone, mostly while parents were working.
- Asked what supports they thought would be helpful when youths could not be with parents after school, the most frequent responses given by third- through twelfth-graders in a St. Louis survey were "a safe place to go if they are afraid," "planned activities in the school building," "after-school programs in the neighborhood," and "ideas about how to take care of yourself after school."

Without adults to help them identify and get to facilities, and to act as chaperons, many youths, particularly young adolescents, simply cannot or, for safety reasons, are not allowed to negotiate the maze of small and uncoordinated programs and facilities that exist in their communities. Even when academic and nonacademic classes, recreational facilities, or volunteer community service opportunities are available and affordable, students may still lack safe transportation to get to them.

- Half of the middle school students surveyed in the St. Louis survey said that "places are too far away for biking or walking"; one-third reported that family and friends were not available to help with transportation and that buses were not convenient.
- According to a survey of Oakland sixth-graders, the youths were more likely to play in schoolyards and public recreation areas when organized after-school activities were offered and when they were within walking or biking distance.

- One-third of the students surveyed in the St. Louis poll said that the community should offer more low-cost activities for youths and ensure safety at places where teens congregate.

Nonschool time may be leisure time, but it is not dispensable time. Bolstering broad life skills development activities is a critical long-term investment for the nation. The after-school and summer hours are more than just times that must be filled because more parents are working and no longer able to supervise their children adequately. They are times that should be filled with extended academic instruction, recreation, informal education, volunteer service, and the formal and informal discussions with peers and adults that are essential components of preparation for adulthood. When parents cannot provide these experiences or arrange for them through community-based organizations (religious, civic, and youth-serving organizations such as Boys Clubs, Girls Clubs, Scouts, YMCAs, and YWCAs), many adolescents go unsupervised. Youths also end up missing adult contact and access to an array of important educational activities.

- The 1983 survey of Oakland sixth-graders and their parents found that regardless of income, race, or ethnicity, three-quarters of parents felt that organized activities were an important part of their children's education.
- The sixth-graders surveyed felt they had plenty of free time but too little to do during that time that was worthwhile or interesting — 41 percent reported being bored and at a loss for things to do.
- Less than half of the sixth- through twelfth-grade students polled in the ongoing Search Institute surveys reported knowing at least three adults (other than their parents) to whom they could go with questions about their lives. Almost 20 percent reported that they had not had a 10-minute conversation with one of their parents within the last month.

Life Skills Supports Miss Youths Who Need Them Most

Low-income and minority youths in poor urban neighborhoods, rural youths, and youths in out-of-home settings or under court supervision need services even more than others but are less likely to get them. While these supports should be a central component of every youth's life, low-income and minority youths desperately need well-coordinated, permanently funded life skills development systems to complement family efforts.

Poor and minority youths are more likely than affluent and white youths to have only one parent at home, increasing their chances of being at home alone. The parents of these youths cannot afford to purchase services, and often have little job flexibility, long work hours, and not much formal education. Four of 10 parents of Latino adolescents, for example, have less than nine years of formal education.

It is not just family structure and family poverty that place these youths at risk of not getting the supports they need for personal and social development; it is the cumulative effects of neighborhood poverty, poor school quality, inadequate facilities, and unaffordable programs.

The Oakland study, for example, found that parental satisfaction with public community-based services — schools, parks, libraries, and recreation centers — correlated with family income and overall satisfaction with their neighborhoods.

And the extremely high rates of crime and violence in densely populated inner-city communities make safety an issue. Many of the children and youths in these neighborhoods are instructed to come straight home from school and lock

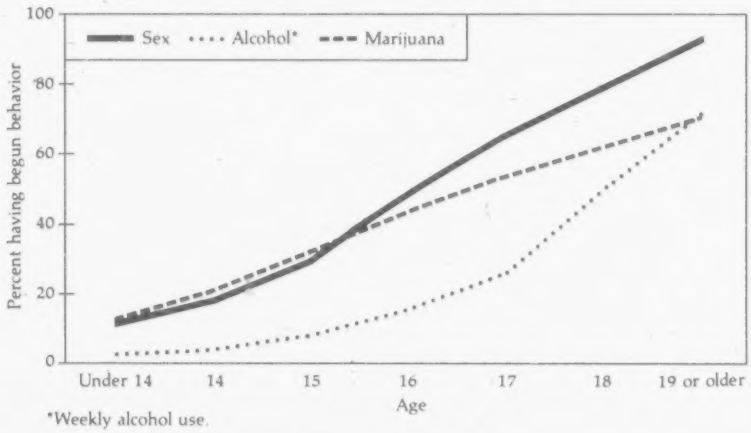
Why Youths Need Extra Help

Survey after survey shows that American youths are turning to sex, drugs, alcohol, and smoking with alarming regularity. The findings illustrate the need to give youths skills and opportunities that will enable them to choose positive alternatives to these negative behaviors:

- Twenty percent of 14-year-old boys and 15 percent of 14-year-old girls have smoked marijuana. Half of all 18-year-old girls and 62 percent of 18-year-old boys have tried marijuana.

TEEN BOYS

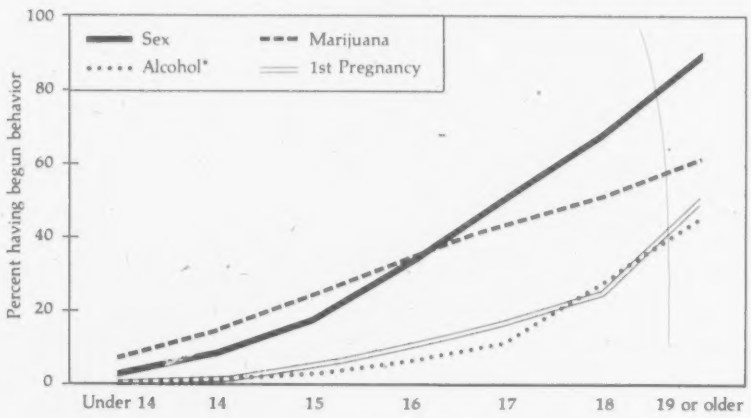
Age at Which Adolescents Began Selected Behaviors



*Weekly alcohol use.

TEEN GIRLS

Age at Which Adolescents Began Selected Behaviors



*Weekly alcohol use.

Why Youths Need Extra Help (Continued)

- Ten percent of 14-year-old boys and 5 percent of 14-year-old girls report using alcohol monthly. Among 18-year-olds, 78 percent of boys and 60 percent of girls report using alcohol monthly. Fifty percent of 18-year-old boys report using alcohol weekly.
- Thirty percent of 15-year-old boys and 18 percent of 15-year-old girls have had sexual intercourse. Only 22 percent of 18-year-old boys and 33 percent of 18-year-old girls have not initiated sexual activity.

While there is no guarantee that adolescents who are adequately engaged in their nonschool hours and offered ample opportunities for adult contact, informal learning, and personal and social skills development will avoid or at least postpone involvement in potential dangers such as sex, drugs, alcohol, and smoking, there is some evidence that addressing these needs will reduce the risks.

- The most frequently reported place where teens have sex is in their homes.
- Teens enrolled in an adolescent clinic adjacent to a Baltimore school who were not yet sexually active delayed initiation of sexual activity by six months more than their peers who were not enrolled.
- A study of 865 youths ages 10 to 15 in Madison, Wisconsin, found that children without after-school activities were more susceptible to peer pressure to engage in undesirable behavior than children with after-school activities.

Equally important, evidence suggests that engaging youths during their nonschool hours and involving them in nonacademic activities during the school day has a positive effect on academic performance and school completion rates.

- A recent Ford Foundation report, *Toward a More Perfect Union: Basic Skills, Poor Families, and Our Economic Future*, suggests that the achievement gap between poor and affluent children grows each year, in large part because low-income children lose ground during the summer months while affluent children's academic skills continue to grow.
- An analysis of the in-school experiences of dropouts and academically at-risk secondary school students in Providence, Rhode Island, found that 83 percent of these students were not involved in any extracurricular activities in school and 80 percent had received no counseling from guidance counselors.
- A 1987 study conducted by Louis Harris and Associates for the Metropolitan Life Insurance Company found that a majority of the more than 1,000 teachers interviewed cited isolation and lack of after-school supervision as major reasons that children have difficulty in school.

Births to Women Younger than 20, 1987

	Number of Births to Women				Percent of teen births to 18- to 19-year-olds	Percent of births to all women that were to women younger than 20	Number of births to all women
	Younger than 20	Younger than 15	15-17	18-19			
All							
Total births	472,623	10,311	172,591	289,721	61.3%	12.4%	3,809,394
Married	170,082	728	41,851	127,503	75.0%	5.9%	2,876,381
Unmarried	302,541	9,583	130,740	162,218	53.6%	32.4%	933,013
% Unmarried	64.0%	92.9%	75.8%	56.0%			24.5%
White							
Total births	312,108	4,009	105,995	202,104	64.8%	10.4%	2,992,488
Married	151,193	617	37,760	112,816	74.6%	6.1%	2,493,843
Unmarried	160,915	3,392	68,235	89,288	55.5%	32.3%	498,645
% Unmarried	51.6%	84.6%	64.4%	44.2%			16.7%
Black							
Total births	144,853	5,981	61,093	77,779	53.7%	22.6%	641,567
Married	13,050	64	2,659	10,327	79.1%	5.4%	242,423
Unmarried	131,803	5,917	58,434	67,452	51.2%	33.0%	399,144
% Unmarried	91.0%	98.9%	95.6%	86.7%			62.2%
Latino[1]							
Total births	66,150	1,402	25,347	39,401	59.6%	9.3%	406,153
Married	28,450	251	8,555	19,644	69.0%	10.4%	273,760
Unmarried	37,700	1,151	16,792	19,757	52.4%	28.5%	132,393
% Unmarried	57.0%	82.1%	66.2%	50.1%			32.6%

[1]Latinos include persons with ancestral lines to Spain and other Spanish-speaking countries. Latinos are an ethnic group, not a race, and therefore the white, black, and Latino percentages and numbers do not equal the total for all races. Latinos can be counted in any racial group, although the majority are counted as white. Only 23 states report births to Latino parents.

Source: National Center for Health Statistics, calculations by the Children's Defense Fund.

the door. These youths need programs in or near their apartments or housing complexes or on school grounds, and supervisors who are willing to accept responsibility not just for programming but for monitoring attendance. Without such support, many of these youths, especially the younger adolescents, may be unwilling to take the risks of being out alone.

Early pregnancy, substance abuse, and school dropout are national problems affecting teens of every racial and income group, but poor teens and minority teens face the greatest risk.

- Whether white, black, or Latino, 20 percent of poor 16- to 19-year-old women with below average reading and math skills are also mothers. Only 3 to 5 percent of nonpoor teens in the same age group with solid academic skills are mothers.
- Alcohol and drug use is not higher among minority teens than among white teens. However, drug-related crimes are much higher.

- Almost four of 10 Latino youths lack high school diplomas, compared with fewer than two of 10 whites and three of 10 blacks. Youths who lack high school diplomas are twice as likely to be unemployed as those with diplomas.
- While white adolescents are more likely than blacks to commit suicide, black adolescents, in particular black males, are far more likely to be victims of homicide. In 1987 black 15- to 19-year-old males were 10 times more likely to be shot and five times more likely to be killed by other violent means than white males of the same age group. Thirty-three percent of the deaths of black adolescent males were firearm-related, compared with only 5 percent of white adolescent male deaths.

Clearly, this country needs to develop and support activities targeted specifically toward poor, inner-city teens.

Rural youths and those in out-of-home care are two other groups in special need of coordinated teen programs. The great need among youths in the court system and in foster care is obvious. Disproportionately poor, minority, and behind in school or out of school, these youths often lack any consistently caring adult involvement in their lives.

Transportation is a significant problem for rural youths. Often attending schools that serve several jurisdictions, these students have few opportunities to explore interests, other communities, or build relationships with peers and adults unless they have access to some type of youth center or club that coordinates an array of activities.

Poor youths, minority youths, rural youths, and youths in out-of-home care more than others need programs that offer them (and their families) sustained relationships with empowered adults. They also need nonacademic opportunities to experience success, hone talents, and gain confidence. And they need to have a safe place to be while their parents work. Such supports are often the lifelines that can pull these youths back into the schools or keep them involved in job training programs.

We Know What Needs To Be Done

There is no shortage of examples of good local programs that are helping families help youths fill their after-school and summer hours and develop their personal and social skills. These programs appear to be meeting many of their users' after-school social development and adult contact needs and seem to have a positive effect on school performance and broader youth problems.

Among the programs that have been designed and funded to address youth problems, the most effective go beyond responding to a specific problem (such as remedial education for dropouts or contraception for sexually active teens). The most rapid and lasting success seems to occur when service providers focus on youth development rather than a youth problem, recognizing that the prevention of negative outcomes is easier when positive alternatives are presented. There are numerous examples of such programs.

- **The Oregon Juvenile Justice Alliance** places court-involved youths in community service programs within traditional youth-serving agencies. At the same time, the alliance gives technical assistance to agencies willing to work with court-involved youths, training their staff and adapting their program operations to meet the needs of these youths.

Successful Programs Coordinate Available Resources

Youth-serving programs generally face two major barriers: lack of a clear institutional home and lack of a major public funding stream.

After-school and informal life skills development is not the primary mandate of any public institution nor the target of any funding stream. And because of a lack of public commitment to financing such programs, they tend to be underfunded and vulnerable to cuts during times of fiscal constraint. The too-frequent result is poorly funded programs offered at inconvenient times. And because of poor transportation services and inadequate outreach efforts, youths often cannot get to programs even if they know about them. From the service system's perspective, lack of coordination and stable funding appear to stand in the way of service improvement.

Several promising initiatives exist that address the lack of cooperation between youth-serving organizations by coordinating available resources without calling for massive reorganization of agencies.

New Jersey School-Based Youth Services Program

The New Jersey School-Based Youth Services Program is a comprehensive model that addresses the social development needs of youths within a broader life skills development context. The program is the first statewide effort that places comprehensive programs in or near secondary schools, helping teens succeed both inside and outside the classroom. The program seeks to eliminate the artificial boundaries between education and human services by bringing services that are traditionally scattered throughout communities under one roof.

Each of the 29 school districts in which the program operates must provide at least the following core services: health care, mental health counseling, family counseling, job and employment training, and substance abuse counseling. All additional services, including information and referral services and recreation, are coordinated by a lead agency, which can be a school, a nonprofit community-based organization, or a public agency. Programs operate before, during, and after school, with some operating on weekends.

Minneapolis

In 1986 Minneapolis Mayor Donald Fraser initiated a massive effort to assemble public and private resources to create comprehensive human development programs. The program's efforts fall into two main categories. First, it attempts to foster coordination among public and private agencies to address developmental needs through umbrella organizations. Second, the program sponsors or lobbies for programs to fill in gaps where they exist.

The umbrella organizations are the Youth Coordinating Board, the Minneapolis Community Business Employment Alliance (MCBEA), and the Family Learning Center. The Youth Coordinat-

Successful Programs Coordinate Available Resources (Continued)

ing Board, which consists of 11 elected officials, was created to improve the health, safety, education, and development of the community's youths. The board also seeks ways to improve coordination and the promotion of services among agencies. MCBEA looks broadly at employment of hard-to-employ city residents. The Family Learning Center, a joint program of the Minneapolis Public Schools and the Public Housing Authority that is located within the Northside Family Housing Project, offers a variety of family and child development services provided by a variety of agencies.

The program has resulted in projects, such as the Adolescent Pregnancy and Parenting Project, that address youths' human development needs.

Tarrant County Youth Collaboration

In the early 1980s in Fort Worth, Texas, youths facing increasingly complex risks had no system to help them deal with their problems in an adequate fashion. Although individual agencies and organizations could offer piecemeal help, there was no effective system pulling resources together. The Tarrant County Youth Collaboration (TCYC) was created in response.

TCYC has succeeded in bringing together more than 60 participating public and private groups to develop strategies and to create a service delivery mechanism for meeting youths' needs.

Rather than provide direct services, TCYC coordinates the work of participating organizations. Projects grow out of local needs assessments and priorities. A lead agency is designated and others can join in the creation, implementation, and partial funding of the project. Eventually, the lead agency takes over the management of a project.

Family Day Care Check-In

Virginia's Fairfax County School-Age Child Care Program opened the first Family Day Care Check-In, which allows older students to have some independence while giving parents the comfort of knowing that their children have checked in at a known location after school. Rather than trying to offer varied programming at a single site, this program allows 10- to 14-year-olds to choose from a list of activities previously approved by their parents. Such activities include going to a library or park, a music lesson or sports event, or visiting a friend's house.

KARE-4

The KARE-4 program in Sioux Falls, South Dakota, addresses the problem of transportation to after-school programs. With foundation support, KARE-4 picks up students at school and drops them off at one of Sioux Falls' four youth-serving agencies — the Boys Club, Girls Club, YMCA, or YWCA. Youths make up their own weekly schedules.

- **The Midnight Basketball League in Baltimore** found that youth violence and delinquency decreased when it began to sponsor midnight basketball games that brought older youths in off the streets. Once in, the youths became interested in other helpful programs and services.
- **The Upstairs** in Ames, Iowa, has a mandate to prevent substance abuse. In practice, the program involves youths in the arts, community service, recreation, and career education. It also provides counseling and opportunities for contact with adult role models.
- **The Teen Outreach Program,** a nationwide school-based teen pregnancy and dropout prevention program, found that academically weak teens who participated in the after-school discussion groups and who volunteered in community agencies experienced fewer births, more grade promotions, and fewer dropouts than did similar teens who were not in the program.

All of Society Has a Role To Play

Traditionally, families hold primary responsibility for youths' nonschool hours and for monitoring their children's personal and social development. Even families that rely on the services of community-based organizations recognize that they ultimately must assume the burden of caring for their children.

Increasingly, however, changes in family structure and labor force participation are forcing parents to depend on strangers to provide and coordinate safe, productive after-school and summer activities outside the home. Moreover, this generation of youths needs to know much more than their parents ever did to be able to deal with the enormous challenges and risks of the 1990s. From computers to crack cocaine, parents are having to prepare and protect their children in areas in which they may have little experience or knowledge. More and more, those who can afford it are turning to other institutions — schools, youth-serving agencies, religious organizations, private educational camps, professional counselors, and tutors.

Community-based civic, religious, and youth-serving and social service organizations traditionally have made recreation, community service, leadership development, mentoring, and informal education the central components of their youth work. They have scheduled their activities during the after-school and summer hours. These organizations, the ones parents have turned to traditionally, are the most logical group to target for increased program development and service delivery capacity.

Numerous community-based programs are doing an impressive job of addressing youths' particular needs today.

- **Boys Clubs of America** has made a commitment to locating Boys and Girls Clubs offering recreational, counseling, and targeted prevention programs in or near public housing programs. Sixty-nine of its 1,100 clubs are in housing projects, 75 more are within one-half mile of public housing, and 49 additional projects are being planned. Boys Clubs is only one of the several traditional youth-serving agencies that are stepping up their commitment to serve low-income youths.
- **The United Methodist Church Women** has begun a Campaign for Children and is enlisting all of its local units to work on projects. In Baltimore the members of one church have begun a mentoring program during and after

school, as well as other activities including creative dance, reading programs, Saturday neighborhood clean-up projects, and targeted family assistance.

- **Community Youth Gang Services** (CYGS), a private nonprofit organization funded primarily by the City and County of Los Angeles, works to prevent gang participation and to intervene in the lives of those who have been involved in gangs. CYGS began with a street patrol program — teams of workers patrolling the street to prevent gang violence. Recently, the program has expanded to long-term prevention of gang involvement by offering community service, job development, and graffiti removal projects for youths. It also has created gang education programs for parents and teachers.
- **The Valued Youth Partnership Program** in San Antonio, Texas, provides a cross-age tutoring program for Latino students at risk of dropping out of school. It is an innovative dropout program that combines mentoring, tutoring, and leadership development. Administered by the Intercultural Development Research Association in San Antonio, the program pairs older students at risk of dropping out with younger students in need of remedial tutoring, a process that benefits both groups of young people.

But community-based organizations are not ready to meet the increased demand. Too often these organizations compete — rather than collaborate — for limited foundation or charitable monies. In addition, not enough community-based organizations are located in low-income and minority neighborhoods, where their services are needed most. Still another problem is that after-school and summer programs often do not cover the full after-school hours (3 p.m. to 7 p.m.) or the full day throughout the summer. And finally, community-based organizations need to strengthen supplemental educational programs that address contemporary risk-taking behaviors such as early sexual activity and substance abuse.

As the need for broad youth supports grows, citizens typically expect schools to do more. As the only institution through which all children and adolescents must pass and which are supported by the federal, state, and local governments, schools obviously have a great role in ensuring youths' overall well-being.

Virtually every school offers some classes, extracurricular activities, or opportunities within the core academic curricula that address some of the needs resulting from contemporary changes in family and social structure. Team sports and remedial summer classes traditionally spill over into the late afternoon and summer hours. Many schools, especially elementary and middle schools, now offer after-school classes and child care. Schools at all levels offer during the school day some array of personal education classes such as AIDS prevention, family life education, decision-making skills, and child abuse protection, as well as upgraded counseling and support services. Increasing numbers of secondary schools now arrange for community service placements for their students. Several school-based programs have produced positive results.

- **The Awareness and Development for Adolescent Males** (ADAM) program, a Chicago Public School System project, was designed to reduce early sexual involvement and paternity among young adolescent males. Operating in 11 junior high schools, the program offers an intensive health education component during school hours and an extensive extracurricular program that focuses on decision making, career awareness, cultural and academic enrichment, creative arts, recreation, and counseling.

- **Center 54** in New York City is a strong example of a program that provides a wide range of activities that students can get to easily. Located in Junior High School 54 on the West Side of Manhattan, the program takes place for the most part in the same buildings in which its participants spend each school day. Center 54 meshes services such as helping with homework, strengthening basic skills, and providing health information with appealing sports activities in the school's gymnasium. Four community agencies, including Bank Street College, the Ryan Health Clinic, and the Manhattan Valley Youth Outreach Program, help provide the range of activities in the program.
- **School-based adolescent health clinics** across the country are getting boys and girls to come into clinics in almost equal numbers by offering accessible drop-in services and an open-door policy on counseling and conversations. What makes the clinics stand out is the fact that students routinely report having developed relationships with staff members, who they feel seem to care about them.

Schools can and should do more to meet the needs of today's youths both through expanded programming and coordination with other service providers.

- More than half of the seniors surveyed in the national Monitoring the Future poll reported that they did not participate in extracurricular activities.
- Asked to select two things they would change about their school, 51 percent of grade school students and 26 percent of high school students who participated in a St. Louis student survey done by Kids' Place said that they wanted more extracurricular activities.
- Nearly four out of 10 teens polled in a 1988 survey sponsored by the American Home Economics Association felt that schools, at best, do only an adequate job of teaching the life skills necessary for responsible and productive adult life.
- High school seniors surveyed in a Minnesota youth poll in 1983 indicated that social and personal skills were some of the most important things they learned in school.
- Thirty-seven percent of principals who responded to a 1988 survey done by the National Association of Elementary School Principals felt that children would perform better in school if they were not left unsupervised for long periods of time outside of school. Twenty-two percent reported having before- or after-school programs in their buildings; 84 percent agreed such programs were needed.

Schools, however, are not formally charged with the responsibility for meeting youths' broad development needs. Furthermore, schools as they are structured now are not well suited to meet broad needs. Students need year-round activities and opportunities to develop their nonacademic as well as academic talents. Even when schools offer classes in art, music, and dance, students often are limited to choosing one elective per semester if they are taking a full academic load. Youths need long-term relationships with adults, but students change teachers annually (if not more frequently) and change buildings every three or four years. All students could benefit from discussion groups and counseling, and many students need sustained counseling in order to take full advantage of school. Unfortunately, secondary school counselors routinely have responsibility for more than 200 students. Given these constraints, schools' nonacademic courses, support services, and after-school programs should be seen at best as a bare minimum of exposure and instruction in important life skills development areas.

No single sector will be able to address this broad spectrum of youth needs alone, and no single sector should. These needs must be seen as a community responsibility. Whether access to after-school and informal educational services is increased through schools or through larger community-wide coordination efforts, it is clear that youths and families must be offered some mechanism for identifying, financing, and getting to programs and facilities that meet youths' broader social development needs.

The business community can and should sponsor athletic teams, participate in mentor programs, and contribute to community-based agencies that offer programs for youths. Beyond this, however, business can play a central role in elevating the importance of life skills development services and bringing together the public and private organizations that can help meet these needs.

Business is playing this role in education. School/business partnerships that offer city-wide solutions to the dropout problem have been established in several cities, for example. Similar efforts are needed in the broader life skills development areas — after-school and summer activities, informal educational opportunities, community service, leadership, and adult contact.

Recommendations

The Federal Government

The federal government should:

- Provide funds to support a network of locally based community learning centers that provide an array of academic, social development, and other youth development services. The programs should serve in-school youths as well as dropouts and young high school graduates not going on to college.

  These centers should be open year-round for long hours and should be oriented to overall youth development rather than single youth problems. They should instill in teens a sense of continuity by encouraging long-term membership, and they should provide multiple entry points by offering an array of activities and services. The core program elements should include life skills education, arts and recreation, tutoring and academic enrichment, comprehensive health services, volunteer and community service, group counseling, and job readiness and job training. Transportation and financial assistance must be provided.

  Any public or private agency, including schools, recreation departments, libraries, and youth-serving organizations, should be eligible to apply for funds to develop or expand programs. Preference, however, should be given to collaborative programs that combine the resources of several agencies.

- Fund new research and data collection efforts in the area of youth social development. Several national data sets currently monitor students' academic achievement regularly, such as the National Assessment of Educational Progress, the High School and Beyond Survey, and the National Longitudinal Survey of Youth. However, there is no national data set to document thoroughly youths' nonacademic, nonschool-related achievements and interests. The one national survey that touches on such topics, the Monitoring the Future survey, only covers high school seniors. The federal government should establish or expand both cross-sectional and longitudinal data sets that track the social development of children and of youths as well as how they

spend their time outside of school. Tracking should begin at fifth grade. In addition, the federal government should keep accurate annual counts of the number of latchkey children.

State Government

States should:

- Change existing laws and administrative regulations or create new ones to make funds more available for development of multi-service centers.
- Establish coordinated centers, such as the New Jersey School-Based Youth Services Program, that offer a variety of services for youths in one comprehensive setting. Funding for these centers could be offset by federal funds.
- Increase funding and training efforts to expand quality and availability of counseling and other social development activities offered through schools, recreation departments, and community mental health agencies.
- Provide incentive grants to encourage local efforts to establish youth councils in each community that would assess the needs of youths and plan how to meet these needs in as coordinated a way as possible.
- Provide supplemental funding for school systems willing to house coordinated after-school and summer programs.

But the bulk of the work must be done at the local level.

The Local Level

Communities should:

- Establish public/private youth councils (independent or under the auspices of the mayor) charged with assessing youths' needs, enhancing program availability, and improving the quality and coordination of after-school and social development services. The councils should provide:
  - Information and scheduling coordination. Youths and families need to know what kind of activities and services are available through public and private providers.
  - Centralized enrollment and case management. Some youths and families will benefit from being able to enroll teens in a single program that provides networking or coordination services. Such programs would identify and transport youths to various after-school and summer activities.
  - Increased access to programs by thoughtful location of services and transportation assistance.

Social service agencies should:

- Increase staff training. All professionals who work with adolescents need basic training in adolescent development and in identifying and dealing with adolescent issues (such as sexuality, substance abuse, and parent conflicts).

- Develop information and referral systems so they know what resources are available in their communities.
- Provide more counseling and outreach. Additional time for interaction and follow-up should be built into the positions of any staff members who deal with youths.
- Use common assessments, screening tools, and referral procedures. Each child and family should, through entrance into any youth-serving organization, public or private, receive the same individual needs assessment. Aggregate data from these assessments should form the basis for interagency program development.

Recreation and youth-serving agencies should:

- Strengthen staff quality. Evaluate job requirements and salaries of staff members who work directly with youths.
- Offer programming that fills the after-school hours. Increase efforts to offer youths an array of program options that address their after-school, summer, and social development needs.
- Do joint planning and scheduling to increase overall availability of after-school, summer, and informal educational and leadership activities for youths. Form collaborative arrangements with schools, health clinics, and social service and juvenile justice agencies.

Schools should:

- Dedicate time during or immediately after the school day to development of students' personal and social skills. Classes, discussion groups, and counseling related to life skills, social skills, prevention curricula, and community service should be built into the school day. Schools can contract for services with other public or private agencies but must maintain responsibility for providing course options in these areas.
- Increase personnel and resources for student services. More and better trained counselors, nurses, and school psychologists are needed to take responsibility for developing non-academic programs and services; increase efforts to use teachers as advisors and mentors through coordinated efforts with pupil services personnel.
- Provide more opportunity for student participation in teams, including sports teams, debate teams, and peer counseling groups.
- Increase the use of schools during after-school and summer hours for programs administered by the schools and by other groups.

Youth-serving organizations should:

- Increase collaboration among the private, community-based organizations that serve youths as well as between these private organizations and the public agencies responsible for meeting youths' needs.
- Offer more than recreation programs. Develop and expand academic, health, life skills, problem prevention, and employment and counseling services.
- Expand efforts to reach high-risk youths. Locate programs and facilities in low-income neighborhoods or housing projects; work with schools, juvenile justice agencies, and child welfare agencies to serve youths most in need.

Business and foundations should:

- Expand their funding role to encourage development of a network of after-school and summer services that meet youths' social development needs. Business and foundations need to move away from the funding of isolated programs and events toward using their influence to prompt coordination among the providers.
- Become more involved in mentor, work-study, community service, and summer jobs programs.

Housing and Homelessness

Safe and stable housing should be the cornerstone of every childhood. A house is more than physical shelter. It provides a safe environment for healthy growth, emotional development, and academic achievement. Yet today in America, hundreds of thousands of children have no home at all, and millions more live on the verge of homelessness.

Homeless families with children are the fastest growing segment of homeless Americans. According to the U.S. Conference of Mayors, in 1989 families made up more than one-third of the nation's homeless population; one in every four homeless people in America's cities was a child. Families make up more than half of the homeless population in such cities as Kansas City, New York City, and Trenton, New Jersey. The National Academy of Sciences estimated in 1988 that 100,000 children are homeless every night. This means that each night there are more than twice as many children without homes as there are tourists staying in our combined national parks.

The threat of homelessness is even graver than these numbers suggest, because millions of families are just one crisis away from losing their homes. The families of more than 5 million American children live "doubled up," in the homes of friends or family, with little assurance of stability. The arrival of a new baby, a landlord's displeasure, or simply rising tensions due to overcrowding can cost doubled-up families a place to live. Not surprisingly, shelters around the country report that most families come to them from living with friends or family. The number of families living doubled up rose by 36 percent between 1980 and 1988.

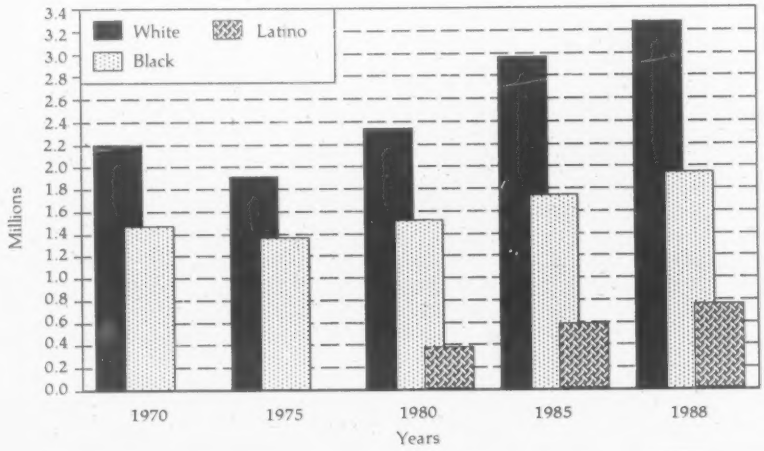
Other families are at risk of homelessness because they spend most of their income on housing and have no financial cushion if their rent goes up or their income falls by even a few dollars. The Center on Budget and Policy Priorities found that almost half of all poor renter households in 1985 (the last year for which data are available) spent more than 70 percent of their income for housing, an increase of 25 percent since 1978. A study released in 1988 by Dr. William Apgar of the Massachusetts Institute of Technology found that fully one-third of single mothers with children younger than six were spending more than 75 percent of their income for housing.

Trends Behind Increasing Homelessness

The rapid increase in homelessness among families is linked directly to the drastic drop in the number of low-income housing units available to a rising number of poor families. Economists suggest that families should spend about 30 percent of their income for rent. Thus, a family with an income of about $10,000 a year (slightly above the poverty level for a family of three) can afford to spend about $250 a month for housing. In 1985, according the National Low Income

DOUBLING UP

Number of Children Living Doubled Up*
(1970-1988)



* "Doubled up" means more than one family sharing a residence. It does not necessarily denote overcrowding, but the rapid increase in doubled-up families does indicate the growing difficulty families experience in finding affordable housing.

Housing Information Service, only 8 million units were available at that price, while more than 11 million households needed housing in that price range. To make matters worse, according to the Center on Budget and Policy Priorities, only two-thirds of those 8 million low-cost units were actually available to households earning about $10,000. The remainder were occupied by individuals or families with higher incomes.

The shortage of affordable rental housing is worsening because inflation and other economic trends have made it harder for families to buy homes. Between 1973 and 1988, for example, the homeownership rate among young single-parent families with children dropped by 25 percent.

Instead of responding to the increased need for low-cost housing, the federal government has slashed funding for low-income housing by more than 80 percent since 1980. Each year between 1977 and 1980, the federal government increased funding for housing programs by enough to give rental assistance to an additional 316,000 low-income households annually. By 1988, despite the rising need, the number of additional households helped had dropped to 82,000. Although state and local governments now provide more support for low-income housing than they did in 1980, they have been unable to make up for the loss of federal dollars.

Today, only one in every three low-income households receives any kind of federal housing subsidy. Even among families receiving Aid to Families with Dependent Children (AFDC), whose grants are grossly inadequate to meet

housing costs, only one family in five benefits from federal housing assistance. (See Family Income and Employment chapter for more information on AFDC grants and housing costs.)

According to the Council of Large Public Housing Authorities, more than 650,000 families, representing almost 2 million parents and children, are on public housing waiting lists nationwide. And the actual need is much greater: in two-thirds of the cities surveyed in 1989 by the Conference of Mayors, waiting lists for all or some assisted housing programs (including public housing and Section 8) were closed because there were so many names on them.

Discrimination against families with children has limited families' housing options further. A 1980 study of rental units conducted by the U.S. Department of Housing and Urban Development found that 75 percent of the units surveyed either banned or restricted children. In 1988 Congress amended the Fair Housing Act to make such discrimination illegal in all states.

The explosion in homelessness is the result, then, of many simultaneous trends: shrinking incomes for many young families, rising housing costs, a decreasing supply of low-cost housing, and the decline in government housing assistance. The government has responded to the crisis by offering insufficient remedies. In 1987 Congress made a modest attempt to address the problem of homelessness by enacting the Stewart B. McKinney Homelessness Assistance Act. The McKinney Act encompasses more than a dozen programs intended to meet the shelter and other emergency needs of homeless people, including the

Homeless Families in America's Cities

The following statistics are based on a survey of 27 large American cities conducted by the U.S. Conference of Mayors in 1989:

- Homeless families with children now make up 36 percent of the homeless population nationwide. One in every four homeless Americans in our cities is a child. That number includes homeless youths on their own as well as children living in families.
- Requests for shelter by homeless families increased in 89 percent of the cities, and by an average of 29 percent over 1988.
- Homeless families with children sometimes are turned away from shelters for lack of space in more than three-fourths of the cities. In 62 percent of the cities, families sometimes have to break up to find shelter. In almost half of the cities, families in some shelters have to leave during the day. Nine out of 10 cities expect requests for assistance from homeless families to increase during 1990.
- Waiting lists for assisted housing programs are closed in 67 percent of the cities because they are so long. The average wait for public housing for a family that needs two bedrooms is more than 18 months; for a Section 8 certificate it is more than 30 months. For a family that needs three bedrooms the waits are 24 months for public housing and 41 months for a Section 8 certificate.

Emergency Food and Shelter Program, the Health Care for the Homeless Program, and the Education for Homeless Children and Youth Program. The programs never have been funded fully, but even at full strength they would be ineffective in providing long-term solutions to the problems of homeless families because they do not address the fundamental issues of poverty and the inadequate supply of low-income housing.

How Homelessness Hurts Children

Whether they live in temporary housing, on the street, in a car, or in a shelter, homeless children are afflicted by the realities of life without a home. Poor health, emotional distress, and disrupted schooling are barriers to healthy development and academic achievement that these vulnerable children face daily.

Poor Health

Homelessness endangers children's physical health. Shelters often expose children to inadequate heating, ventilation, and other hazards such as lead paint, unguarded stairs, and exposed electrical wiring. Children and pregnant women are especially vulnerable to diseases that are transmitted readily in the congregate bathrooms and living spaces common to family shelters.

Homeless families' health often is compromised further by the lack of regular health care, either because a family's health care provider is far away or because a family has no insurance or money to pay for care. Studies of homeless children in major cities confirm the lack of preventive health care for homeless families and the resulting health risks. A 1988 study conducted in New York City by Dr. Garth Alperstein found that homeless children were three times more likely than their housed poor counterparts to be behind in immunizations, and twice as likely to have elevated levels of lead in their blood, a condition associated with developmental delays that, according to the most recent research, may be irreversible.

Dr. Wendy Chavkin's study of homeless pregnant women in New York City shelters in 1987 found that they were three times less likely than their housed poor counterparts to have received prenatal care, and the infant mortality rate among their babies was 30 percent higher than that of the housed babies.

Sick children often have a hard time getting well in a shelter, where it may be difficult to follow prescribed treatment. Lack of refrigeration may make it impossible to store antibiotics and other medications appropriately, and many shelters require families to leave during the day, even when health problems require warmth and rest.

Poor Nutrition

Good childhood nutrition strongly correlates with good health and school achievement, but many homeless children are not well nourished. Few shelters provide the three meals and nutritious snacks that children need, and even fewer can accommodate the special needs of very young children, children with dietary problems, or pregnant women. Rigid meal schedules mean that many homeless children miss breakfast so they can get to school on time.

Homeless parents in Los Angeles in 1987 and 1988 were more than five times as likely as housed poor parents to report that their children were hungry, according to a study by Dr. David Wood. And researchers from Bank Street

College in New York City observed homeless two- and three-year-olds in a child care center eating several hamburgers at a time. Some homeless children came to the center so hungry they cried hysterically until they were fed.

Distress and Separation

The emotional impact of homelessness on children and their parents is difficult to quantify but easy to imagine. Deprived of the stability and familiarity of a home, both children and parents may become depressed and anxious. Dr. Ellen Bassuk found that many of the children living in a Boston shelter in 1986 showed signs of depression. Compared with housed children, many were also unusually shy, dependent, withdrawn, or demanding. Homeless parents' observations of their own children, reported by the Citizen's Committee for Children in New York City in 1988, echo these findings. Two-thirds of the parents interviewed reported changes in their children's behavior after becoming homeless, including increased restlessness, moodiness, and frustration.

Many families vacate their homes quickly, leaving most of their possessions behind. The loss of toys, clothes, furniture, and books increases the financial costs of moving back into permanent housing and intensifies families' emotional distress. A homeless girl interviewed by Dr. Robert Coles in a Boston shelter told him she hoped that "someday, we might get a place to live, where we can stay put .... You can unpack and discover where all you own is — the stuff you've been carrying around. You can be yourself, and not someone waiting for time to pass until you have your own space."

Homeless parents' distress often is compounded by their loss of parental authority. In shelters, parents may not be able to decide where children play, when they go to bed, or what they will eat, because these decisions are often made by shelter staff. Parents worry, too, that their children's ability to trust them as providers and role models will be compromised permanently.

After they lose their homes, family members often are separated from each other. Sometimes parents send children to live with friends or relatives. And sometimes children are placed in foster care while their parents seek new housing. In a 1985 New Jersey study, homelessness was the primary reason for foster care placement in 19 percent of the cases reviewed and a contributing factor in 40 percent of the placements. A 1986 study of black children in foster care in five communities, conducted by the National Black Child Development Institute, found that housing-related problems were a factor in 30 percent of the placements.

Families also may be separated by the shelter system itself. In 62 percent of the cities surveyed by the Conference of Mayors in 1989, families sometimes had to break up to find shelter. Most family shelters can accommodate only women, female children, and male children under a certain age — typically 10 or 12. Men and older boys may be sent to men's shelters, but frequently are left without any shelter at all.

Barriers to Learning

Poor health, poor nutrition, emotional distress, and separation from parents may all impede homeless children's physical and emotional development and educational achievement. For example, homeless toddlers often are delayed in learning to walk because there is no safe place for them to explore, and they are confined in strollers or small rooms. Very young homeless children often react to the stress of homelessness by regressing — going back to diapers, bedwetting, thumbsucking, and sometimes losing vocabulary.

For school-aged homeless children, just getting to school regularly is difficult. State education agency reports submitted to the U.S. Department of Education in early 1989 and analyzed by the Children's Defense Fund point to a range of barriers that keep homeless children from attending school on a regular basis. Twenty-five states reported that the lack of transportation prevents some homeless children from attending school. Thirty-one states said that missing documentation, such as birth certificates, or the lack of a permanent residence prevents children from attending school. Twenty-five states also reported that "transiency" keeps children out of school for other reasons: some parents do not register children for school until they have a new permanent address, older children may be required to stay home to care for siblings while their parents look for jobs and housing, or parents fleeing abusive mates may resist sending their children to school for fear of being traced. Sometimes children refuse to go to school because they are ashamed of being homeless or are teased by other children.

But even when they get to school, homeless children are hampered in achieving their full potential. Doing homework regularly is difficult for children whose only "desk" is a bed the whole family shares. Paying attention in school is hard for children who can't get a good night's sleep or enough to eat. And many homeless children must go through the stressful experience of changing schools several times before their families find new housing.

The Nation Knows How To Reduce Homelessness

Although Americans think of obtaining and maintaining housing as family responsibilities, historically, most American families have benefited from some kind of government housing assistance. In the eighteenth century, the federal government subsidized homeownership by encouraging frontier settlements with land grants. The contemporary equivalents of these land grants are the tax deductions enjoyed by almost all homeowners and the favorable treatment veterans receive in buying homes.

The government has not been so generous with Americans who rent rather than own their homes, although since the Depression some poor families have received assistance through subsidized rental housing. There is a great imbalance, however, between government assistance in the form of tax deductions to homeowners, who are primarily middle- and upper-income people, and government assistance to low-income renters. Today the federal government appropriates about $10 billion annually for low-income housing assistance. In contrast, the federal government forgoes about $53 billion in tax revenue each year by giving significant tax breaks to homeowners.

In today's housing market, many families need some kind of assistance to maintain their homes. For some families, tax deductions alone can make housing affordable. For families with very low incomes, subsidized housing or some other form of financial assistance will be necessary. Some families also will need broader social supports to help them maintain a stable home, including help to avoid eviction or to establish a new home after they have been homeless.

All of Society Has a Role To Play

All segments of society — including government, business, and community organizations — have important roles to play in ensuring every family a decent and permanent home.

Federal and State Government

The federal government must play the primary role in making sure that every low-income family has access to affordable, decent, and permanent housing. This will require increasing the nation's stock of low-cost housing by reinvesting in the effective public housing and Section 8 programs that were heavily funded in the 1960s and 1970s. State governments and the private sector can and must help to increase the supply of affordable housing, but the job of constructing, rehabilitating, and operating enough low-income housing to meet the nation's needs is far too large to accomplish without the federal government's leadership and resources.

Both the federal and state governments must support existing programs as well as develop and invest in innovative programs that help meet the need for housing subsidies for low-income families. Both levels of government must ensure adequate income support programs and help link families with other necessary services such as nutrition assistance, health care, and education programs. To assist both homeless families and those on the verge of homelessness, governments must strengthen the supports available through comprehensive social services programs.

The Business Community

Corporate involvement in low-income housing assistance and services for homeless families is virtually absent in most communities. As the size of America's young labor force diminishes, it is crucial that businesses begin to do their part to maintain an adequate pool of productive employees. To ensure themselves of a qualified labor force now and in the future, employers must help make sure their employees' families have decent and affordable housing, appropriate family policies, and effective job training.

Business involvement in developing and maintaining affordable low-income housing can take a number of forms. Businesses can invest in low-income housing, taking advantage of the Low Income Housing Tax Credit (which provides tax breaks for developers of and investors in low-income housing), collaborating with and contributing funds to nonprofit housing developers, and providing professional consultation to developers of low-income housing.

It is also important for businesses to support community-based social service organizations that focus on preventing homelessness and provide housing assistance for low-income families. Businesses can contribute staff, time, resources, and skills as well as money. For example, the real estate community in St. Louis, Missouri, works closely with Grace Hill Consolidated Services, a comprehensive program that helps homeless families find permanent housing.

Employers can help prevent homelessness by making sure that their own personnel policies accommodate workers' needs. A parent forced to choose between work and caring for a sick child may sacrifice the job and thus risk losing the family home. Providing training and employment to homeless parents is another contribution that employers can make. In Washington, D.C., PEPCO, the electric utility, provides both staff and financial support to the ARCH program (Action to Rehabilitate Community Housing), which trains homeless people in construction skills, then helps them find employment and permanent housing.

Community Institutions

Churches, private social service agencies, and informal community networks can provide critical support to families at risk of homelessness as well as to those

who are homeless. Research conducted separately by Dr. Ellen Bassuk in Boston and Dr. Kay Young McChesney in Los Angeles shows that the lack of a strong social support system is often the key factor in precipitating family homelessness. For families without strong supports of their own, community institutions can and should fill the void. They can, for example, provide short-term loans, help with child care, or offer legal assistance. Communities also can help by making sure homeless familes have access to existing social services and providing specialized services not available through other agencies, such as assistance in job and housing searches. The Henry Street Settlement House in New York City provides housed and homeless families in the neighborhood with support services that include education programs, child care, parent support groups, programs for victims of domestic violence, housing search assistance, and "after care" for families that move back into permanent housing.

In Prince George's County, Maryland, a group of religious congregations has formed an Interfaith Eviction Relief Fund, which collects contributions from the members of participating congregations. The fund is used to prevent evictions by providing housing counseling and one-time grants to those at risk of losing their homes.

Despite the existence of effective models around the country, most communities are failing to provide these kinds of prevention and support services. In too many communities, help is available only after a family has lost its home. After-the-fact help is not only inhumane policy, it has a high price tag. A family on the verge of eviction because of a temporary crisis may be helped to stay in its own home for as little as a $300 loan; emergency shelter for families in many communities costs $100 a night — $3,000 a month.

Recommendations

Although homelessness is unlikely to be eradicated in the immediate future, it is not an intractable problem. Working together, federal and state governments, the business community, and community organizations can increase the supply of low-cost housing and make sure that homeless families and children get the help they need to reestablish permanent homes.

The Federal Government

The federal government should:

- Make housing assistance an entitlement so that all who need help can get it.
- Commit more money to housing programs. Currently, about one cent of every federal budget dollar goes to low-income housing programs. An additional two cents per dollar should be committed. The increased funds should be used to construct new housing, to rehabilitate existing substandard housing, and to prevent the loss of additional low-income units to conversion, gentrification, and abandonment.
- Permanently extend the Low Income Housing Tax Credit, which encourages the development of affordable low-income housing.
- Vigorously enforce the new Fair Housing Amendments Act, prohibiting housing discrimination against families with children.

- Adjust income policies so that families working at the minimum wage or receiving AFDC and other income supports can afford decent and permanent housing. (See Family Income and Employment chapter for specific income recommendations.)

State and Local Government

State and local governments should:

- Commit substantial funding to increase the supply and affordability of low-income housing by constructing new units and preserving and rehabilitating existing units.
- Participate fully in all federal low-income housing programs.
- Adjust their own income support programs and provide AFDC benefits or supplements that meet modest housing costs.

The Private Sector

Private housing developers should:

- Contribute money and expertise to nonprofit low-income housing developers.
- Set aside a percentage of new housing units as low-cost units for needy families.
- Invest in housing through the Low Income Housing Tax Credit.

In addition, all levels of government as well as businesses and community organizations should provide financial and other support to help prevent homelessness, provide high-quality services to homeless families, and assist families in finding and maintaining permanent housing. Comprehensive services and supports available to all families should include job training, substance abuse treatment, mental health counseling, and child care. Whenever possible, homeless families should be provided with "transitional services," which follow them into permanent housing and help them maintain stable homes.

Vulnerable Children and Families

All children need to grow up in permanent, secure homes and communities that foster a sense of belonging, confidence, and success. They need to be free from abuse and neglect, to have a sense of the future and what it can offer them, and to grow up with strong mental and emotional health. Children with special physical, developmental, or emotional needs require extra support.

But for millions of children in America today, these needs are not being met. Hundreds of thousands of children each year are abused or neglected, and often left with no sense of security. Children with serious emotional disturbances have particular trouble finding appropriate care and services. Some children run away from home. Some become parents too early; others, in disorganized households, are expected to assume parental responsibilities far beyond their years. Some children become victimized by alcohol and other drugs. Some get in trouble with the law. Children often end up as they do because their families, communities, and the public systems charged with caring for them have failed to protect, support, and serve them adequately in earlier years.

The futures of all these vulnerable young people are in great jeopardy. They often experience difficulties in school — both academically and socially. "Acting out" and other behavioral problems, often symptomatic of more deep-seated needs, are misinterpreted by teachers and other school personnel. These students fall behind in school, experience repeated grade failures, and finally drop out or are pushed out. Unresolved emotional problems can plague them throughout their school years and the rest of their lives.

Children living away from their families — in runaway shelters, foster family homes, group homes, residential treatment centers, training schools, and detention centers — are often at a particular disadvantage. Short stays, frequent moves from home to home or facility to facility, severe overcrowding, and the absence of anyone to assess or plan for their special educational needs deprives these children of the educational supports they so desperately need. And when they return to their communities, the help they need to reenter a school setting is frequently nonexistent. It is not unusual for children who have grown up with only the state as a parent to leave care without a high school diploma or a General Equivalency Diploma (GED). Yet the nation will depend on many of these youths for our future security.

Today the numbers and needs of vulnerable children and adolescents are increasing dramatically from coast to coast. City after city reports more children and families in crisis, partly because of growing poverty among children and young families, increasing numbers of homeless families, an inadequate health care system, the skyrocketing epidemic of crack cocaine, and the deadly threat of AIDS. And city after city describes an overload — of emergency proportions — on its child-serving systems.

Child welfare systems increasingly are besieged by children and families in desperate need of help. Many of these families, which previously had been barely

Key Facts About Vulnerable Children and Families

- An estimated 2.2 million children were reported abused, neglected, or both in 1987 — a 48 percent increase in the past five years.
- Homicide is now the number one cause of injury-related deaths among infants. Violence is the second leading cause of death among 15- to 24-year-olds, and the number one cause of death among blacks in that age group.
- About 1.5 million children run away from home each year.
- An estimated 70 to 80 percent of the approximately 7.5 million to 9.5 million children with emotional problems are not getting the help they need.
- Each day 501 girls younger than 18 become parents. Most of them are not married.
- By 1995, if current trends continue, the number of children in out-of-home care in the child welfare, mental health, and juvenile justice systems will grow by 73 percent, according to estimates prepared for the House Select Committee on Children, Youth and Families.
- Substance abuse by parents — particularly the use of crack cocaine — is resulting in growing numbers of very young children entering an already overwhelmed child welfare system.

making it, are ravaged by the drug crisis. Mental health, juvenile justice, and education agencies, too, are threatened by their inability to serve growing numbers of children with special needs. The nation's children and families, and the child-serving systems designed to help them, are in a state of crisis.

More Children and Families Are Hurting

More children are abused and neglected. A survey by the American Association for Protecting Children indicates that 2.2 million children were reported abused, neglected, or both in 1987 — a 225 percent increase since 1976, and a 48 percent increase in the previous five years. City after city attributes a large part of the growth to the drug problem.

In New York City, crack cocaine contributed to a tripling of cases between 1986 and 1988 in which parents — under the influence of drugs — abused or neglected their children. Drugs, including alcohol, were a factor in more than half of the nearly 6,000 abuse or neglect reports received in the District of Columbia in the eight months before June 1989. It is expected that new child neglect cases in 1989 in the District of Columbia Superior Court will have increased by 64 percent from 1988, largely because of drugs. Agencies in Atlanta, Philadelphia, Miami, and Dallas report similar data.

Homicides have replaced motor vehicle accidents as the number one cause of injury-related deaths among children younger than one in the United States, according to a January 1989 report by the Johns Hopkins Injury Prevention

Center at the university's School of Public Health. The National Committee for the Prevention of Child Abuse estimates that the number of reported child abuse fatalities in 1988 rose to 1,225, more than three a day. An investigation of Georgia child fatalities conducted by *The Atlanta Journal and Constitution* revealed that 51 children who died in 1988 were known previously to child protective service workers. In close to one-third of the cases, parents were using drugs or alcohol. In New York City, 11 percent of child abuse and neglect deaths in 1985 were linked to parental drug use; by 1987 that figure had jumped to 73 percent.

The deaths of children from child abuse and neglect are a tragic reminder that our nation is guilty of public neglect. Too few services are available even for children suffering from known or suspected abuse and neglect. And many of the more than 1 million children and their families about whom abuse has been reported but not substantiated get no help at all; instead they are left alone until their crises intensify.

Violence is threatening children's lives. Violence is becoming normal to too many children and families today, with the prevalence of crack cocaine being a major cause. Violence is a daily part of young people's experiences in their neighborhoods and even in their homes. A survey of 536 Southside Chicago elementary school children, conducted by the Southside Chicago Community Health Council, revealed that 26 percent reported having seen someone shot and 29 percent had seen a stabbing. A later survey of a broader group of high school and elementary school students found that 39 percent had seen a shooting, 34 percent a stabbing, and 23 percent a murder. This exposure to violence threatens the overall development of these children.

Violence is the second leading cause of death among 15- to 24-year-olds in the United States and the leading cause of death for blacks in this age group. In 1986, 33 percent of all homicide victims were younger than 25. In 1987, 43.7 percent of homicide victims younger than 18 were killed by firearms.

Although violent crime by juveniles also has been increasing, evidence suggests that this may be a result of more violent activities by a constant number of offenders, rather than a dramatic increase in the proportion of young people involved in serious violence. Several studies have documented that among delinquent youths, there is often a history of abuse or family violence. Compared with their nondelinquent peers, delinquent youths also have been found more likely to be behind in school and to suffer from learning disabilities and neurological and psychiatric impairments.

Children's emotional problems go unaddressed. An estimated 70 to 80 percent of the approximately 7.5 million to 9.5 million American children and adolescents with emotional problems are not getting the help they need. The service gaps for children with serious emotional disturbances are even greater. Some of the children's problems have biological origins. Others result from histories of parental abuse or neglect or maltreatment at the hands of the system. Still others may be drug related. A January 1987 background paper by the congressional Office of Technology Assessment (OTA) documented a shortage of community-based services and a lack of case management and coordination for these children in all of the child-serving systems.

More children are having children. Each day 501 girls younger than 18 become parents. Most of them are not married. Although the overall teen birth rate decreased sharply in the 1970s and remained fairly stable in the 1980s, the unmarried teen birth rate increased dramatically: between 1970 and 1985, births to unmarried teens increased 32 percent among 15- to 17-year-olds and 42 percent among 18- to 19-year-olds. In 1987 there were 472,623 births to women younger than 20, 62 percent of them to unmarried teens. That year there were

9,583 births to unmarried teens younger than 15. Poor teens, who are disproportionately susceptible to early parenthood, often see little hope for a better future. Only six of 10 young mothers have high school diplomas, and more than one in three have such low reading and math skills that their job prospects are limited to low-paying jobs, if they can get any jobs at all.

Children are running away. An estimated 1.5 million children run away from home each year. About 40 percent of them are running from abusive homes; many are trying to escape from school failure or other problems. Young people also run away from foster homes and other group care settings. Tens of thousands of runaway youths are turned away from shelters because of lack of space. Although the majority of them return home or to their caretakers in a short time, an estimated one-third do not. Crime, prostitution, crack and other drug abuse, AIDS, and other problems continue to plague these youths who struggle to survive on the streets.

More children are living in out-of-home care. In part due to increases in abuse, neglect, and other violence, and in part due to the lack of alternative resources, the number of children living away from their families in out-of-home care is soaring in many states. Estimates recently published by the U.S. House of Representatives' Select Committee on Children, Youth and Families in *No Place to Call Home: Discarded Children in America* indicate that if current trends continue, by 1995 the population of children in out-of-home placements will grow by 73.4 percent, to more than 840,000 children.

Many of these children — whether in the child welfare, mental health, or juvenile justice systems — have unmet physical, mental, or emotional needs, and many have been denied basic health and education services as well.

In the child welfare system, especially, many still enter care because of poverty-related problems. In New York City, the number of children entering foster care because they lack food, clothing, or shelter has increased by almost 40 percent since 1985. A study of black children entering foster care in 1986 in five metropolitan areas, conducted by the National Black Child Development Institute, revealed that 65 percent of the population for whom household income data were available received Aid to Families with Dependent Children (AFDC) prior to the child's placement. Forty-one percent of the parents were unemployed at the time of placement. Inadequate housing, including homelessness, was listed as a significant factor in placement in at least one-third of the cases in Detroit, Houston, Miami, and New York.

According to recent data collected by the American Public Welfare Association (APWA), an estimated 360,000 children under the responsibility of state child welfare agencies are in foster care — a 29 percent increase between FY 1986 and FY 1989. California and New York alone are responsible for 55 percent of that increase. Today, according to the APWA data, two of three children in foster care reside in 10 states: California, Florida, Georgia, Illinois, Massachusetts, Michigan, New Jersey, New York, Ohio, and Pennsylvania. Six of these states have seen increases of at least one-third in their foster care caseloads since FY 1986.

In many communities, children are entering out-of-home care because alternative resources to protect the children and address the families' drug-related problems are not explored or do not exist. For example, drug treatment programs for women are rare; for mothers and their children together they are virtually nonexistent. In all of New York City there is only one residential drug treatment program that serves young mothers with their children. Detroit, too, in July 1989 reported only one program. In Los Angeles, 3,000 mothers were referred by the courts for drug treatment in the last month of 1988 and the first

month of 1989, when the entire city had a total of only 1,750 treatment slots. Many of these slots were in programs ill-suited for women, much less for mothers with crack problems.

Children entering care today are much younger than those of just half a decade ago. The drop in age is attributable in part to the growing alcohol and drug problems plaguing many female-headed families.

- In New York City children younger than six accounted for two-thirds of the total increase in foster care between 1987 and 1988. More than 50 percent of the current foster care population is younger than five.
- By late July 1989, 56 percent of the 66,600 children in foster care in California were younger than eight, and more than 18,000 of them were younger than three, a 220 percent increase in five years for the youngest group.
- In Maryland, too, the rate of entry into care for toddlers increased by almost 100 percent between 1985 and 1988.

The past several years also have brought an increase in the portion of young people in juvenile justice facilities, public and private. In 1986 more than 700,000 juveniles were admitted to public and private correctional facilities; more were placed in public facilities that year than in any year since 1977, despite an overall decline in arrest rates for juveniles. On a single day studied in 1987, 91,646 juveniles were in custody, at an average cost of $75 per person a day. About two-thirds of the youths in public facilities were being held for property crimes, alcohol and drug offenses, public order offenses, and probation violations. In the private facilities, two-thirds of the children confined were status offenders or children in need of service who had not been charged with offenses.

Children in care often are placed inappropriately. The swelling numbers of children entering out-of-home care have overwhelmed placement resources, many of which currently are not capable of meeting the special needs of the children who require care and protection.

The infants who linger in hospital wards, sometimes reaching six months old before ever getting outdoors, are perhaps the most dramatic reminder of the system's failures. These "boarder babies" — as they are called in Washington, D.C., Atlanta, New York, and Los Angeles — are medically ready for discharge but have neither families nor foster families ready to care for them. Many were born to mothers who used alcohol or other drugs during pregnancy. Some have multiple, complex medical problems and will need specialized homes; others are HIV-infected; still others are asymptomatic but at risk of developing later problems.

Emergency shelter care, meant to be a short-term way station for children for a day or two, also has become a dumping ground for children in many communities.

- A survey of emergency shelter care in 26 California counties, conducted by the Children's Research Institute of California, reported that in May 1989 almost one-third of the 325 children in San Francisco's emergency shelter-care system, originally designed to handle 80 children, were drug-exposed infants. In Los Angeles County, by June 1989 an average of 186 substance-exposed infants a month were being removed from hospital nurseries and placed in shelter care.
- An investigation of emergency shelters in Georgia, conducted by *The Atlanta Journal and Constitution*, reported that 86 babies and children were crammed into an emergency shelter in Atlanta designed to house 30 children. Twenty-six of

the infants were stacked two and three to a crib. In the counties surrounding metropolitan Atlanta the number of children in emergency shelters increased by 84 percent between 1983 and 1988.

- A 1989 report on the effect of institutionalization on young foster children in New York City documented dangerous, unhealthy conditions in 17 city shelters where some 135 minority infants and preschool children were housed each day. Since 1987 an estimated 2,000 children had spent some time in these city shelters. The report, *Inexcusable Harm*, published by the Public Interest Health Consortium for New York City, found that the children were emotionally and nutritionally deprived, far from being immunized appropriately, and living in unsanitary conditions.

Children with serious emotional problems are among the most likely to be placed inappropriately. A 1988 study by the National Mental Health Association on "invisible children" — youngsters with serious emotional problems placed in out-of-state facilities — found more than 4,000 children placed in distant states, often thousands of miles from their families and other supports. The vast majority of these children were placed by child welfare or special education agencies. Eighty-nine percent of the children were in private residential treatment programs at an estimated average episode cost of $52,300. An additional 22,472 children were reported to be housed in state hospitals. The average episode cost of residential treatment facilities and of state hospitals ($38,218), contrasts dramatically with the $1,100 it costs for intensive, short-term in-home crisis services and the $15,000 to $18,000 it costs for a year of day treatment programs. Yet several studies have shown that little distinguishes the needs of children in residential care from those being treated at home.

Public funding patterns often encourage these more restrictive placements. For example, under Medicaid's Inpatient Psychiatric Services for Children Under 21 Program, young people who are placed in hospitals and psychiatric institutions can become eligible for Supplemental Security Income (SSI) and then Medicaid after 30 days, regardless of their parents' incomes. For many of these youths, less restrictive care probably would be more appropriate. But funding under Medicaid for a broad range of mental health services has been limited.

Similar patterns of overly restrictive placements are evident in the juvenile justice system. An estimated 97,000 juveniles spent some time in adult jails during 1987 — an average of 1,575 a day, up 12 percent from 1986, according to the Annual Survey of Jails sponsored by the Bureau of Justice Statistics. The rate at which juveniles were placed in public correctional facilities also increased by 12 percent between 1985 and 1987.

A recent study by the Commonweal Research Institute, *Reforming the CYA* (California Youth Authority), reported that in 1986 California's system of state training schools was operating at almost 160 percent of design capacity. It also reported that half of the inmates studied were placed inappropriately. About one-fourth of the misplaced juveniles never should have been there and the remainder could have been cared for better in community-based programs, leaving high-security facilities, like those operated by the California Youth Authority, for the most serious offenders needing such care. Commonweal researchers estimated that by 1991, California taxpayers will be paying $67,250 to punish a single juvenile offender in these institutional settings.

Children remain too long in hospitals, emergency shelter facilities, and other inappropriate settings because appropriate placements are in short supply. Sufficient resources have not been allocated to attract foster parents and other qualified care providers for these children, who often have special physical, mental, or emotional needs. For example, while Georgia's foster home population rose by nearly 45 percent between 1984 and 1988, the number of foster homes

grew by only 14 percent. In early 1989 the state of Florida, threatened with a shortage of foster home beds, pitched tents to shelter abused, neglected, and abandoned children who had no other place to go, according to the *Orlando Sentinel*. In both Maryland and New Jersey, agency staff resorted to motels for children for whom they could not find foster care.

Children and families are denied support services to help them stay together. The escalating numbers of child abuse and neglect reports and the dramatic increases in out-of-home placements in many communities reflect the lack of commitment to resources that can support families before crises arise, preserve families, and adequately protect some of these children at home. Although in some cases serious harm may leave a worker no alternative but to remove a child from the home, in other cases intensive services can protect the child, alleviate the crises at hand, and enable the family to remain together.

Preventive services, however, are hard to come by in most communities and states. Generally, this society still is unwilling to invest in families before crises erupt. It not only fails to provide families with basic health care, nutrition, shelter, education, and child care, but also fails to provide special help to families that need more than the basics. When needs go unmet, crises intensify and families break up, increasing the burdens on the child welfare, mental health, and juvenile justice systems, and on our adult systems of care.

The lack of attention to prevention is in large part due to funding patterns that favor crisis intervention and the out-of-home care of children. The federal government, for example, continues to provide unlimited funding on an entitlement basis for the out-of-home care of children, but federal dollars available for preventive services have fallen far behind the amount needed to maintain even 1980 spending levels. The Title XX Social Services Block Grant, 12 percent of which is used for child protective services, currently is funded at less than half of what it was a decade ago (after adjusting for inflation). The Title IV-B Child Welfare Services Program, which is used to develop a variety of alternative services, still is not funded at the level authorized in 1980. In the mental health area, the Child and Adolescent Service System Program has stimulated the design of coordinated community-based systems of care for children with serious emotional disabilities, but no new federal funds have been provided for these services. Prevention efforts also have been given too little attention under the Juvenile Justice and Delinquency Prevention Act.

At the state level, even though more states are beginning small pilot programs to support and preserve families, these pilots are generally not part of statewide systems of care. Rather, the scarce services that are provided most often are crisis driven. State funds continue to be shifted from prevention of child abuse and neglect to investigation and disposition.

Children's lives are jeopardized by the staffing crisis. The problems of inadequate preventive service programs and inappropriate placements are made worse in part by the staffing crisis in child welfare and the other child-serving systems. While the number of children and families needing care is increasing dramatically, staffing capabilities in child-serving systems are shrinking because of vacancies, turnover, and burnout. Without adequate staff, children go unprotected and good service programs never get implemented. Unmanageable caseloads, overwhelming responsibilities that far exceed available resources, poor working conditions, and poor salaries and supports all contribute to the systems' struggles to obtain and retain qualified staff.

- In New York City in 1988 the annual staff turnover rates in child welfare ranged from 60 percent in the protective and diagnostic units to 48 percent among foster care social workers.

- Reports of child abuse and neglect in Georgia increased 137 percent between 1983 and 1988, but child protective service staff grew only 20 percent during that same period.
- A caseworker from Los Angeles told the House Select Committee on Children, Youth and Families that the average caseload in his unit was 75 to 78 and that, in the previous month alone, his unit had lost 40 children's service workers, three times the average attrition rate.
- In the District of Columbia about half of the system's social work positions are vacant. From 1984 through 1988, the Child and Family Services Division, which administers child protective services, foster care, and adoption, saw a net increase of only two workers, as resignations or transfers outstripped new hires. Workers currently are handling an average caseload of 61 families, which often include more than a single child.

Such stories are not unique to the child welfare system. The House Select Committee on Children, Youth and Families, in a series of hearings on the plight of children in care, heard similar reports from mental health and juvenile probation agencies. Juvenile courts, too, are overwhelmed. A judge representing the National Council on Juvenile and Family Court Judges told the committee that a single family court judge may hear as many as 100 cases a day.

These high caseloads and vacancy rates result in serious underinvestigation of reported abuse and neglect, and in many cases inappropriate outcomes for children and families. In the District of Columbia, *The Washington Post* reported that as of August 1989, the agency responsible for child welfare had a stack of 771 reported abuse and neglect cases that never had been investigated. Children also are in great jeopardy because of the mismatch between the increased severity of their needs and the diminishing qualifications of workers. It is not unusual for workers charged with protecting children or serving delinquent youths to have college degrees in unrelated areas. Some do not have college degrees at all. Seldom are workers who enter these systems substantively trained before they are assigned direct responsibility for children. Most have no expertise in alcohol or other drug abuse, but often are expected to identify, assess, and develop appropriate service and treatment plans for sometimes severely dysfunctional families.

To protect children adequately, staffing and training issues must be made a priority. Citizens would not tolerate having too few trained fire department personnel to respond to each report of a fire. In many of our cities today, however, family crises are smoldering and at risk of bursting into flames. Children's lives are in jeopardy.

All of Society Has a Role To Play

Families have an obligation not only to provide basic necessities, such as food, clothing, and shelter for their children, but to take additional steps to ensure that their children are protected adequately from harm. Families that have children with special physical, emotional, or mental problems have additional responsibility to get help for their children in school or from other support systems.

But all families, even those with adequate incomes and education, need outside help to support and protect their children adequately. It is easy for the public to point fingers at parents when children fall victim to abuse or neglect, too-early pregnancy, or alcohol or drug abuse, or when youths run away or get in trouble with the law. Yet it is difficult even for model parents to steer children

along a safe path. Many parents, especially those suffering from sustained poverty, substance abuse, or disabilities, need help from social service systems and other child- and family-serving systems just to survive. For example, it is much harder for single parents constrained by rigid work schedules to respond to the complex and unpredictable needs of a severely disabled or otherwise troubled child. For many of these families, relatives, church members, and representatives of other community institutions are not available to help when crises arise. And the cash that might help pay for babysitters or other respite assistance is nowhere to be found.

By the time families with children are in crisis they often have exhausted the supports available from relatives and friends and may have sought help from churches or other community institutions. They seek out public agencies but too frequently their children are denied help there, too.

It is clear that communities, businesses, and all levels of government must work together to build upon what we know about serving vulnerable children and families. All of society needs to do a better job of helping the nation's most troubled families.

We Know What Works for These Families

Much is known about what works to support and preserve families, to prevent problems of children and families from intensifying, and to develop and implement an appropriate continuum of care and services. There also are steps that can be taken to strengthen the staff support available to children and families in need of help. The community, corporate, and government sectors should encourage policies and programs to support these positive initiatives, many of which have been found to be cost-effective in the long term when compared with the costs of averted placements.

Establishing Preventive Services and Other Family Supports

Some state and local initiatives are working successfully to assist vulnerable children and families before crises arise or to prevent the unnecessary separation of children from their families.

- The network of Family Support Centers targeted toward teen parents and their children in Maryland, the Parent-Child Centers in Vermont, and the Parent Education and Support Centers in Connecticut are examples of community-based programs to enhance parents' abilities to provide for their children. The 11 centers in place in Maryland in early 1989 served parents and children on a voluntary basis and had a variety of sponsors, including an inner-city church, a housing authority, a community action agency, and a community college. The core set of services provided by each center includes formal and informal parent education, ongoing child development assessments, health care and family planning, social support activities, temporary child care, educational opportunities, and job preparation and skill development.
- Other states work to prevent unnecessary out-of-home placements by providing emergency discretionary funds to assist families in crisis. The Alabama Department of Human Resources has launched a Placement Prevention Project that will give families facing financial difficulties up to $500 to avoid unnecessary foster care placements.

Getting Mental Health Services for Infants and Toddlers and Their Families

The Early Intervention Program, enacted as an amendment to the Education of the Handicapped Act in 1986, provides a unique opportunity to ensure comprehensive early intervention services for infants and toddlers with — or at risk of — developmental delays. The program (authorized by Part H of P.L. 99-457) should be implemented fully in states by September 1992. Children born exposed to drugs, or those who have been physically or sexually abused, whether living at home or in out-of-home placement, can benefit from the program.

The program's goal is to ensure that vulnerable infants and toddlers receive the services they need. Multidisciplinary assessments and early intervention services for children with, or at risk of, developmental delays can offer support for families, reduce stress, and promote children's optimal development. The initiative encompasses a number of components that are critical to effective prevention and early intervention outcomes: individualized family service plans, case management services, and appropriate comprehensive coordinated services. Aggressive outreach now in the states is critical to ensure that eligible children benefit from this initiative.

- Maine is using the new law effectively to build upon earlier initiatives and is establishing mental health services for infants and toddlers with established disabilities or at risk of mental health problems. Preschool Coordination Sites in each of the state's 16 counties provide outreach, interagency coordination and networking activities, and a central referral source for families. The focus of intervention has been on the coordination and efficient delivery of existing services to these children and their families. The sites seek to assist physicians, nurses, day care providers, and educators, as well as mental health providers, to assess the strengths and needs of these children and families and provide them with appropriate treatment and support. Home-visiting and home-based mental health services often are supplemented by therapeutic preschool programs and special projects aimed at enhancing family adjustment and support.

For further information on Maine's efforts and other state initiatives, see *Mental Health Services for Infants and Toddlers: A Three State Perspective on Implementation of Part H of P.L. 99-457, the Education of the Handicapped Act Amendments of 1986* (Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center, November 1989). Additional information about states' early intervention activities under Part H can be obtained from the Early Intervention Program of the Mental Health Law Project, 2021 L Street, N.W., Washington, D.C. 20036.

- Approximately a dozen states, including Iowa, Michigan, Maryland, Florida, Tennessee, and Illinois, are working to develop statewide systems of intensive family-based crisis intervention programs for children at imminent risk of placement in at least one of the child-serving systems. Many of these are modeled after the Homebuilders Program in Tacoma, Washington, which has preserved families while saving state dollars. In some states — Tennessee, for example — the family preservation initiatives are being sponsored jointly by the state's child welfare, mental health, and juvenile justice agencies. The initiatives also are being funded, in part, with redirected out-of-home care dollars and a reinvestment of federal dollars obtained through enhanced claiming under the federal foster care program.
- The New York City Department of Juvenile Justice, in a program called Family Ties, has adopted the family preservation model to work with adjudicated juvenile delinquents to prevent court-ordered, long-term placements. Family Ties' workers spend a minimum of 10 hours a week with client families, teaching them new skills to help them function as a family. The model also has been used to divert youths from psychiatric hospitalization.
- A handful of states, led by Iowa, are exploring efforts at "decategorization," which would allow them to redirect existing dollars and services, many of which are directed at out-of-home care, more toward preventive and community-based services for families and children

Other local initiatives are assisting young people with special needs to avoid more serious problems.

- In Pennsylvania, 440 of the state's 501 school districts have established Student Assistance Programs (SAP) designed to address more appropriately the substance abuse and mental health problems of children and adolescents. The SAP teams, composed of school personnel and drug abuse and mental health providers from outside the schools, assist teachers to make appropriate referrals and assessments of children with alcohol, other drug abuse, or mental health problems. Pennsylvania has set aside $7.5 million to begin addressing the identified needs.
- The Teenage Pregnancy and Parenting Project (TAPP) in California is a comprehensive interagency case management service network that coordinates more than 48 agencies to make sure teens who are pregnant or are parents have access to all the health, education, and social services for which they are eligible. TAPP has more than 29 projects in California, funded through the State Department of Health. It helps both teen mothers and fathers become more effective parents. TAPP also helps to increase school enrollment and high school graduation, and to reduce the incidence of repeat pregnancies.
- Another California initiative serves young people with serious emotional disabilities who are at imminent risk of placement by the child welfare, juvenile justice, mental health, or special education systems. The Ventura County Project, a multiagency collaboration, offers individual children extensive case management services as well as a range of jointly developed in-home, day treatment, and special education programs. The program, which has saved dollars by averting the costs of out-of-home placements, currently is being replicated in three California counties.

Business and community groups also have assisted in the development of successful prevention and family support initiatives.

- In Illinois, in 1982 the Pittway Corporation Charitable Foundation jointly created with the State Department of Children and Family Services an "Ounce of Prevention Fund," which provides technical assistance, research, and training to a network of drop-in centers and other family support programs, primarily for young single parents struggling to cope with their new responsibilities. Today, there are a variety of programs in more than 40 sites across the state. In the juvenile justice area, family support programs are being used successfully for selected first offenders who are referred to police Boys and Girls Clubs and other community organizations that offer crime and drug deterrence activities and education.
- In a number of communities, voluntary child abuse prevention councils, many of them chapters of the National Committee for the Prevention of Child

"Orphanages" Are Not the Answer

Some policy makers and journalists have raised the possibility of "a return to orphanages." Such talk is usually a well-meant attempt to address the gap between the needs of children in care and current resources, but such talk is dangerous to the best interests of children. Congregate care settings generally jeopardize the well-being of children. They deny children the individual attention and continuity of care that are so critical to their development. Seldom do they offer the specialized treatment that children need. Often started in a rush of enthusiasm, the care deteriorates as public attention wanes. Policy makers must reject quick fixes and seek more appropriate alternatives for the current crisis. The most immediate need is development of the specialized resources necessary to ensure that every child who needs out-of-home placement will be placed, as federal law mandates, in the least restrictive setting appropriate to his or her individual needs.

Several states and communities have developed therapeutic foster family homes like those described below for children with very special needs. Further investments in such programs are sorely needed.

- The PRYDE Program serves about 100 "troubled and troubling" children and adolescents in Pennsylvania, Maryland, and West Virginia. It was started by the director of an institution who was seeking more individualized alternatives for the young people he was serving. PRYDE recruits treatment parents who are carefully evaluated and who receive extensive preservice and in-service training. They are paid per diem rates ranging from $56 to $76 and serve an average of two years. PRYDE is based on the premise that treatment is more effective when it takes place in natural environments. Individual treatment of the child by the PRYDE parents is supplemented with support to the foster home, a range of ancillary services such as medical services, school support and recreational activities, and services to birth parents. One of the program's basic goals is to discharge young people to less restrictive settings, and it has done so in approximately 75 percent of cases served.

Abuse, sponsor parent education programs, parent support groups, and comprehensive service programs for teen parents.

Other preventive initiatives are targeted at youths before they become parents.

- For example, the Shiloh Baptist Church Family Life Center operates the Black Male Youth Health Enhancement Project in conjunction with the D.C. Department of Youth Services. Young men, between the ages of 11 and 17, are assisted in the development and maintenance of healthy lifestyles. The project closely tracks student progress and encourages academic achievement. A parent support group also meets once a month.
- The Alpha Phi Alpha Fraternity, in conjunction with the March of Dimes,

"Orphanages" Are Not the Answer (Continued)

- The San Francisco Department of Social Services has developed a Fragile Infant Special Care Program, referred to as "Baby Moms" for infants requiring specialized medical care. Foster parents in the "Baby Moms" program work together with other professionals as part of the treatment team. Parents receive regular training and both formal and informal supports. Board rates are based on different levels of need and range from $90 to $103 a day.
- Six major foster care agencies in Philadelphia have formed a Special Medical Care Foster Care Consortium through which they pool their resources and expertise to recruit foster families for medically complex infants, many born to substance abusing mothers. Initial support for the consortium — from the Philadelphia County Children and Youth Agency — was followed by funding from the federal Department of Health and Human Services. Four different levels of care accommodate the varying medical needs of these children. Per diem rates run as high as $85, and the foster parents also receive nonreimbursed medical supports, respite care, specialized training, and other ancillary services.
- Kaleidoscope-Chicago operates three programs under its Therapeutic Foster Family Program umbrella and serves primarily children who are the responsibility of the Illinois Department of Children and Family Services. These include the S.T.A.R. Program (which provides specialized care for children with AIDS), the Individual Treatment Program (which serves children with emotional disturbances, learning disabilities, and physical disabilities, many of whom have suffered chronic abuse), and the Adolescent Parents Program for teen mothers and their babies. The foster parents are paid and trained to provide the specialized treatment needed by the children. Approximately 75 percent of the children served are 13- to 17-year-olds; 15 percent are younger than six. Per diem rates for the Therapeutic Foster Family Program run about $37.

operates Project Alpha, providing young black leaders with information about male responsibility toward the prevention of too-early childbearing.

Strengthening Out-of-Home Care

For children and families for whom preventive services are not sufficient, the challenge is to develop a continuum of out-of-home care options that will enable the system to care for each child in the least restrictive setting that is appropriate to an individual child's special needs. Because of the varying needs of the children in care, that continuum must range from placements with relatives to specialized foster homes to more intensive residential treatment settings. For young offenders, the continuum also must include a variety of community-based placement options as alternatives to training schools. The establishment of such community-based programs requires new investments as well as the redirection of current public funding patterns that often encourage the most restrictive out-of-home placements.

In several states, networks of therapeutic foster homes have been established to provide treatment in a family environment for children with serious emotional disturbances, adolescents who have been sexually abused, drug-exposed infants, and children with AIDS. These networks often provide treatment at a rate below that required by institutional settings. Therapeutic foster parents, selected on the basis of their skill and motivation in providing specialized treatment to these children, are compensated for the treatment they provide. They get extensive training before and during the time they are providing services, as well as respite care. They also receive significant help from professional treatment providers in serving the children in their care. Other less treatment-intensive specialized foster parents also receive ongoing training and support, including respite care and more adequate compensation than is standard today.

Agencies in New York and Illinois are experimenting with mentor foster homes: foster families that work directly with birth parents to assist them with their children's special needs. The "satellite foster family home" project run by the Center for Family Life in Sunset Park in Brooklyn, New York, recruited 17 foster families in its first year to care for 36 children from 20 birth families. All of the participants are located in the same neighborhood and have back-up support from a neighborhood multiservice center. The trauma of separation for children has been reduced, in part because some of the foster parents work directly with birth parents. Intensive staff support has helped nine of the children to be discharged to their families within the first year.

Elsewhere, similar efforts attempt to keep children close to their homes. In Massachusetts, for example, the Department of Social Services launched a foster parent recruitment campaign called "One School, One Child." Now in its second year, the project attempts to keep children in their home schools by getting parents, teachers, and other school officials to help increase the pool of foster parents in each community.

Supports also are needed for relatives caring for vulnerable children. Several communities on the West Coast have started support groups for grandmothers caring for their kin. Appropriately, there also seems to be a move to offer foster care payments to relatives — instead of expecting them to make do with the much lower assistance available to most relatives through AFDC payments — when they are asked to carry out substitute care responsibilities.

Churches and community groups can sponsor foster homes or provide extended family support for relatives caring for at-risk children and provide various other supports for children in care. Several Junior Leagues, for example,

are involved in efforts designed to improve the quality and availability of foster homes. A group of local black ministers in Washington, D.C., runs a network of group homes for delinquent youths. Harambee House, a community-based residential program for hard core delinquent girls, also is run by an inner-city church in Washington, D.C.

The Youth Advocate Program effectively uses a mentor model to keep delinquent youths in the community in six northeastern cities. The youths are paired one-on-one with community supervisors, who often are themselves young adults from many of the same neighborhoods. The Keep Youth in School project in Washington, D.C., a joint venture of Catholic University and the Marriott Corporation, provides student mentors and tutors for youths in foster care. The project also provides the foster care youths with job training experiences.

In some communities, volunteers have started Friends of Foster Children, which provides financial assistance and transportation so children in foster care can participate in tutoring programs, extracurricular activities, and special summer programs. Special award programs also have been established for exemplary foster parents.

Improving Staff Supports

Solutions to the staffing crisis, especially as it affects direct service workers, are in some ways the hardest — but most critical — to come by. Without sufficient numbers of quality staff, service initiatives like those described will not be possible.

Professors Sheila Kammerman and Alfred Kahn, in *Social Services for Children, Youth, and Families in the United States*, a 1989 report of a two-year study of alternative delivery approaches in child welfare, describes some useful mechanisms for integrating services and processing cases — mechanisms that can help improve staff effectiveness once personnel are in place. For example, several states and localities assign case managers small caseloads of children with special needs. The case managers are expected to follow the youths throughout their tenure in the system, help them obtain services from different systems, and maintain an ongoing relationship with the youths.

In some states, panels review the status of foster care children periodically in order to encourage their movement toward reunification with their birth parents or another appropriate permanent plan. In about a dozen states, local citizens and professionals from other agencies sit on these panels. Other state or local agencies have developed interagency teams that review the placements of so-called hard-to-serve children. For example, in 1984 Ohio established a system of state and local level interagency clusters, including professionals from education, child welfare, mental health, and the juvenile justice systems. The clusters regularly review the cases of children with multiple needs, who initially were served inappropriately. Funds pooled from the various agencies also are provided for in-home and community-based services. Kahn and Kammerman reported that the Service Assessment Teams in Tampa, Florida, serve an important role in dealing with complex cases and in reducing the number of children either going into emergency shelters or remaining there too long. Three eight-member teams get referrals from the protective service agencies that gather initial intake information. The teams have authority to make placement decisions, and where placement is not recommended, may authorize the use of foster care dollars to support alternative services.

In parts of most states, Court Appointed Special Advocates (CASAs) are appointed to represent the best interests of children in abuse, neglect, and

dependency proceedings in court. These CASAs, volunteer lay guardians, have the capacity to pull together and assess critical information about the child and to recommend appropriate services.

Some innovation also has been seen in the area of direct staffing. Maryland, for example, has assembled a unit of specialists in the areas of mental health, developmental disabilities, special education, independent living, and alcohol and other substance abuse. These specialists provide back-up to line workers who face critical decisions in each of these areas on a daily basis. Several states and cities also have established training academies for staff members, including preservice training — before staff members have taken on full responsibilities for caseloads — and in-service training, while they are involved actively in their work.

Recommendations

As a nation, we must begin to build in every state a unified continuum of services for vulnerable children and families that is staffed appropriately and supported adequately. Family supports must begin with services to build resilience and strengthen family functioning. They must continue through intensive crisis intervention that treats the whole family's needs and seeks to preserve the family unit. Finally, they must include a variety of options for caring for children in out-of-home care when that becomes necessary. At every stage, the help received must be determined by the needs of the individual children and families being served.

Whatever the level of care, parents should be involved fully and encouraged to assume as much responsibility for the care of their children as is appropriate. Support from community groups and businesses will be critical in helping individual families directly and in helping the systems and agencies charged with meeting their needs.

Ultimately, however, it is the public systems that must vastly improve their capacity to meet the needs of these young people and their families, who often fall through the cracks and too frequently are written off.

Federal Level

- Provide expanded fiscal incentives for states to fund local family support programs and specialized services for children with serious emotional disturbances and their families.
- Target new entitlement funds for the establishment of intensive family-based crisis intervention programs designed to protect children and prevent their unnecessary placement in out-of-home care.
- Extend the requirement that children be placed in the least restrictive setting appropriate to their special needs to any out-of-home care supported by federal funds, including the Medicaid program.
- Reward states that have established a continuum of out-of-home care settings that includes a range of therapeutic foster family homes and other small treatment settings for children whose special needs require such care.
- Collect data regularly from the states on the numbers and special needs of children in these various types of out-of-home care settings, including expenditures for the different types of care.

- Make funds available on an emergency basis to help meet the staffing crisis in cities and states across the country, and in return require that states take steps to develop basic competencies for staff, provide preservice and in-service training, and implement reasonable caseloads that will ensure quality care to children and families.

State Level

- Establish interagency initiatives to develop, implement, and operate intensive family-based services and to establish the unified approaches to assessment, training, and case management that are necessary for the successful operation of these initiatives on a statewide basis.
- Fund and monitor a continuum of out-of-home care settings appropriate to the needs of individual children and families, which includes adequate supports to relatives and a range of foster family care options, as well as more restrictive treatment settings for children who need them.
- Offer foster parents who care for children with special physical, mental, and emotional needs the preservice and in-service training, ongoing supports, respite care, and compensation they need to care for these children appropriately.
- Provide funds to staff child welfare agencies adequately and to train and support workers to meet the growing needs of the children and families they serve. Staff improvements should include the addition of appropriately trained line staff and supervisors, as well as specialists in the areas of chemical dependency, education, sexual abuse, early childhood development, and adolescence.

Community Organizations

- Provide financial support and technical assistance to parent education programs, parent support groups, mentor programs for teens, and comprehensive service programs to prevent teen pregnancy and assist teen parents. Consider "adopting" existing programs and individual families that need help.
- Sponsor foster homes or provide extended family support for relatives caring for at-risk children.
- Develop a project to recruit foster and adoptive parents or respite care providers for children in care. Use in-house and other publications to dramatize the need for parents, and invite recruiters from related agencies to speak at group meetings.
- Provide tutoring, peer support, and recreational programs for children in out-of-home care, and serve as mentors for young people preparing to leave the child welfare or juvenile justice systems.
- Encourage members to serve on foster care review boards or special monitoring teams that review the quality of care received by children in institutional settings.
- Assist directly and indirectly with the staffing crisis. Private agencies should contract with public agencies to fulfill staff responsibilities, and recruit staff

for specific projects. Members of all organizations can serve as volunteers both in professional and lay capacities.

- Consider undertaking activities that can relieve pressure on staff, such as establishing visiting centers where children in care can be brought in to visit with their parents, or transporting children to appointments.
- Lend staff with management and personnel expertise to local agencies, and encourage employees to volunteer to work directly with children or to assist administrative staff.

Business

- Implement policies and programs that are responsive to the family needs of employees. These can include parenting education classes, in-house counseling, and resource and referral services for child care, alcohol and other drug abuse treatment, and mental health services.
- Assist with the development and operation of community-based resource and support programs through fundraising, donation of equipment and supplies, and special arrangements that allow employees to donate some of their time each month to volunteering with local projects.
- Lend public relations staff to assist local and state child welfare agencies and private nonprofit organizations in the design and implementation of recruitment campaigns for foster parents who can care for children with special needs.
- Donate equipment, supplies, and space for specialized placement settings.
- Provide and buy space in publications (in-house and external) for agencies and organizations seeking foster and adoptive parents for children with special needs.
- Provide job training, employment opportunities, and mentors for older youths in foster care, particularly those who will be expected to make it on their own when they leave their foster families, residential treatment centers, or various detention settings.
- Publicize how the staffing crisis is jeopardizing the well-being of children and families, and spell out for city councils, county boards, state legislators, and governors what staff additions are necessary to protect children.

Appendix

U.S. Children in the World

Children in Poverty, Selected Countries

Country	Percentage of Children Living Below:	
	75% of poverty line	Poverty line
Switzerland	2.0	5.1
Sweden	2.2	5.1
Norway	2.7	7.6
West Germany	2.5	8.2
Canada	4.4	9.6
United Kingdom	3.8	10.7
Australia	7.3	16.9
United States	**9.8**	**17.1**

Source: Urban Institute, "Patterns of Income and Poverty: The Economic Status of Children and the Elderly in Eight Countries," by Timothy Smeeding, Barbara Boyle Torrey, and Martin Rein, in John L. Palmer, Timothy Smeeding, and Barbara Boyle Torrey, eds., *The Vulnerable* (The Urban Institute Press, 1988), Table 5.3.

Infant Mortality Rate, 1988

Rank	Nation	Rate[1]
1	Japan	5
2	Finland	6
2	Sweden	6
4	Canada	7
4	Switzerland	7
4	Ireland	7
7	Denmark	8
7	West Germany	8
7	East Germany	8
7	Hong Kong	8
7	Austria	8
7	Norway	8
7	France	8
7	Netherlands	8
15	Singapore	9
15	Spain	9
15	United Kingdom	9
15	Australia	9
19	Belgium	10
19	New Zealand	10
19	Italy	10
19	**United States**	**10**
23	Israel	11
24	Czechoslovakia	12
25	Greece	13
26	Portugal	14
27	Cuba	15

[1]Infant deaths per 1,000 live births.
Source: UNICEF.

Mortality Rate for Children Younger than Five, Selected Countries, 1988

Rank	Nation	Rate[1]
1	Finland	7
1	Sweden	7
3	Switzerland	8
3	Japan	8
3	Canada	8
3	Netherlands	8
7	Ireland	9
8	France	10
8	Norway	10
8	Austria	10
8	Hong Kong	10
8	West Germany	10
8	Australia	10
14	Italy	11
14	United Kingdom	11
14	Denmark	11
17	Spain	12
17	New Zealand	12
17	Singapore	12
17	East Germany	12
21	Belgium	13
21	**United States**	**13**
23	Israel	14
24	Czechoslovakia	15
25	Portugal	17
26	Greece	18
26	Cuba	18
26	Poland	18

[1]Deaths per 1,000 live births.

Source: UNICEF.

Percentage of Infants Born at Low Birthweight, 1982-1988

Rank	Nation	Percentage
1	Spain	1
2	Finland	4
2	Sweden	4
2	Ireland	4
2	Norway	4
6	Portugal	5
6	Switzerland	5
6	Jordan	5
6	Japan	5
6	Egypt	5
6	France	5
6	Central African Republic	5
6	Hong Kong	5
6	New Zealand	5
6	Belgium	5
16	Hungary	6
16	East Germany	6
16	Czechoslovakia	6
16	Singapore	6
16	USSR	6
16	Denmark	6
16	United Arab Emirates	6
16	Australia	6
16	Oman	6
16	West Germany	6
16	Saudi Arabia	6
16	Austria	6
16	Canada	6
29	Italy	7
29	United Kingdom	7
29	**United States**	**7**
29	Yugoslavia	7
29	Israel	7
29	Chile	7
29	Kuwait	7
29	Albania	7
37	Benin	8
37	Turkey	8
37	Botswana	8
37	Uruguay	8
37	Panama	8
37	Cuba	8
37	Poland	8
37	Jamaica	8
37	Brazil	8

Source: UNICEF.

Percentage of One-Year-Old Children Fully Immunized Against Polio, Selected Countries, Latest Reported Year[1]

Rank	Nation	Rate
1	Denmark	100
2	Hungary	99
2	Bulgaria	99
2	Poland	99
5	Switzerland	98
5	Sweden	98
5	Jordan	98
5	Czechoslovakia	98
9	Singapore	97
9	Belgium	97
9	East Germany	97
9	France	97
9	Netherlands	97
14	Chile	96
15	**United States, Total**	**95**
15	China	95
15	Japan	95
15	Mexico	95
15	Italy	95
15	Finland	95
15	West Germany	95
22	Romania	94
22	Cuba	94
22	Colombia	94
22	Albania	94
26	Israel	93
26	Greece	93
28	Tunisia	91
28	Lebanon	91
30	Yugoslavia	90
30	Austria	90
30	Ireland	90
33	Saudi Arabia	89
33	Botswana	89
33	Brazil	89
36	Oman	88
37	Mauritius	87
37	United Kingdom	87
37	South Korea	87
37	Egypt	87
41	Costa Rica	86
41	Hong Kong	86
41	Iraq	86
44	Sri Lanka	85
44	Canada	85
46	New Zealand	84
47	Nicaragua	83
47	Jamaica	83
49	**United States, Nonwhite**	**82**
49	Uruguay	82
49	Trinidad and Tobago	82
49	Paraguay	82

[1]Data are for 1987-1988 for all countries except the United States. Most recent U.S. data available—because the nation no longer conducts the necessary surveys—are for 1985.

Source: UNICEF; data for the United States from the U.S. Immunization Survey.

Spending on Elementary and Secondary Education, As a Percent of Gross Domestic Product, 1985, Selected Countries

Rank	Country	Percent
1	Sweden	7.0
2	Austria	5.9
3	Switzerland	5.8
4	Norway	5.3
5	Belgium	4.8
5	Denmark	4.8
5	Japan	4.8
8	Canada	4.7
9	West Germany	4.6
9	France	4.6
11	Netherlands	4.5
11	United Kingdom	4.5
13	Italy	4.2
14	**United States**	**4.1**
15	Australia	3.9
16	Ireland	3.8

Source: M. Edith Rasell and Laurence Mitchell, "Shortchanging Education: How the U.S. Spends on Grades K-12" (Washington, D.C.: Economic Policy Institute, 1990).

Average Percentage of Items Answered Correctly on an International Mathematics Test of Eighth-Grade Students, Selected Countries, 1981-1982

Rank	Country	Percent Correct
1	Japan*	62.1%
2	Netherlands	57.1
3	Hungary	56.0
4	Belgium (Flemish)	53.2
5	France	52.5
6	Canada (British Columbia)	51.6
7	Hong Kong*	49.4
8	Scotland	48.4
9	England and Wales	47.2
10	Finland	46.8
11	New Zealand	45.5
12	**United States**	**45.3**
13	Israel	45.0
14	Thailand	42.2
15	Sweden	41.8
16	Luxemburg	37.5
17	Nigeria	33.6
18	Swaziland	31.5

*Students in Japan and Hong Kong were attending seventh grade.

Source: U.S. Department of Education, *Digest of Educational Statistics 1988* (September 1988), Table 289.

Number of School-Age Children per Teacher, 1986, Selected Countries

Rank	Country	Number
1	Canada	13
2	Denmark	14
3	Qatar	15
4	Israel	17
5	Austria	18
5	Norway	18
7	Luxemburg	19
7	East Germany	19
7	Brunei	19
10	Libya	21
11	Australia	21
11	Lebanon	21
11	Finland	21
11	Italy	21
11	France	21
11	Cuba	21
17	United Kingdom	22
17	Malta	22
19	Barbados	23
19	Portugal	23
19	Sweden	23
19	Kuwait	23
19	Iceland	23
19	West Germany	23
19	**United States**	**23**
26	New Zealand	24
26	USSR	24
26	Hungary	24
29	Argentina	25

Source: Ruth Leger Sivard, *World Military and Social Expenditures, 1989* (Washington, D.C.: World Priorities, 1989).

Summary of Major Rights Under the United Nations Convention on the Rights of the Child

On November 20, 1989, the United Nations General Assembly unanimously approved a groundbreaking international Convention on the Rights of the Child. The U.N. also plans to hold in September 1990 the first-ever summit among heads of state on children's issues.

The Convention on the Rights of the Child spells out critical economic, social, cultural, civil, and political rights of children. It offers new hope for a new world ethic placing greater value on children's survival and well-being. It will apply, however, only in those countries that individually ratify it, so it is imperative that the United States become one of the ratifying countries.

In the United States the ratification process begins when the president formally submits the convention to the Senate, which must approve it by a two-thirds vote.

If approved, the convention will confront this nation with the task of remedying many of the problems described in this book. Key portions of the Convention are summarized here:

Article 2 protects children against discrimination on the basis of national, ethnic, or social origin, opinion, property, disability, birth, or other status.

Article 3 provides that in all actions concerning children undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child shall be a primary consideration. Moreover, the ratifying nation undertakes through "all appropriate legislative and administrative measures" to ensure the child "such protection and care as is necessary for his or her well-being."

Article 4 requires the country to "undertake all appropriate legislative, administrative, and other measures" for the implementation of the Convention's rights, and with regard to economic, social, and cultural rights, to undertake such measures "to the maximum extent" of available resources.

Article 9 states that children may not be separated from their parents against their will except when competent authorities subject to judicial review determine that the separation is in the best interests of the child.

Article 12 requires countries to assure any child capable of forming his or her own views "the right to express those views freely in all matters affecting the child," particularly in judicial and administrative proceedings, with the views of the child to be given due weight in accordance with the age and maturity of the child.

Article 13 gives children freedom of expression.

Article 18 gives parents the primary responsibility for their child's upbringing, but it also requires nations to "render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities...." The Article also requires states to ensure the development of child care services and to ensure that children of working parents have the right to benefit from these services.

Under **Article 19** nations must take all appropriate measures to "protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse...."

Article 23 recognizes that mentally or physically disabled children "should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and facilitate [their] active participation in the community."

Article 24 recognizes children's right to "enjoyment of the highest attainable standard of health" and to health care services. Ratifying nations must strive "to diminish infant and child mortality," "to ensure the provision of necessary medical assistance and health care to all children," and "to ensure appropriate pre- and post-natal health care for mothers." The article also requires states to ensure that parents and children have access to education regarding child health and nutrition, hygiene, environmental sanitation, and the prevention of accidents. Moreover, nations must "develop preventive health care, guidance for parents, and family planning education and services."

Under **Article 26** nations recognize every child's right to social insurance, with benefits appropriate to the resources and the circumstances of the child and his or her parents or legal guardians.

Article 27 requires nations to "recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development." Parents have the primary responsibility to provide for the child's development, but the government must do all within its means to "assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."

Article 28 enumerates a series of education rights, including a requirement that higher education be made accessible to all on the basis of capacity. The article also stipulates that nations must take measures to reduce dropout rates.

Article 33 requires nations "to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances."

Article 34 commits countries to protect children from all forms of sexual exploitation and sexual abuse.

Article 37 bars capital punishment or life imprisonment without possibility of release for offenses committed by persons younger than 18. It also requires children deprived of liberty to be kept separate from adults unless it is in the child's best interest not to do so.

Children in the Nation

National Trends

Year	Number of Children Younger than 18 Who Are Poor	Child Poverty Rate	Number of Children Younger than 6 Who Are Poor	Poverty Rate for Children Younger Than 6	Per Capita Amount Poo. Children's Income is Below Poverty Level (1988 $)
1959	17,552,000	27.3%	n/a	n/a	$1,155
1960	17,634,000	26.9	n/a	n/a	
1961	16,909,000	25.6	n/a	n/a	
1962	16,963,000	25.0	n/a	n/a	
1963	16,005,000	23.1	n/a	n/a	
1964	16,051,000	23.0	n/a	n/a	
1965	14,676,000	21.0	n/a	n/a	$1,078
1966	12,389,000	17.6	n/a	n/a	
1967	11,656,000	16.6	n/a	n/a	
1968	10,954,000	15.6	n/a	n/a	
1969	9,691,000	14.0	3,298,000	15.3%	$1,054
1970	10,440,000	15.1	3,561,000	16.6	1,101
1971	10,551,000	15.3	3,499,000	16.9	1,098
1972	10,284,000	15.1	3,276,000	16.1	1,101
1973	9,642,000	14.4	3,097,000	15.7	1,108
1974	10,156,000	15.4	3,294,000	16.9	1,164
1975	11,104,000	17.1	3,460,000	18.2	1,121
1976	10,273,000	16.0	3,270,000	17.7	1,121
1977	10,288,000	16.2	3,326,000	18.1	1,158
1978	9,931,000	15.9	3,184,000	17.2	1,190
1979	10,377,000	16.4	3,415,000	17.8	1,207
1980	11,543,000	18.3	4,030,000	20.5	1,228
1981	12,505,000	20.0	4,422,000	22.0	1,260
1982	13,647,000	21.9	4,821,000	23.3	1,312
1983	13,911,000	22.3	5,122,000	24.6	1,312
1984	13,420,00	21.5	4,938,000	23.4	1,316
1985	13,010,0	20.7	4,832,000	22.6	1,333
1986	12,876,0	20.5	4,619,000	21.6	1,360
1987	12,963,00	20.5	4,852,000	22.4	1,378
1988	12,584,000	19.7	5,032,000	22.6	1,395
Total percent change					
1969-1988	29.1%	40.7%	52.6%	47.7%	32.4%
1980-1988	9.0	7.7	24.9	10.2	13.6
Average annual percent change					
1969-1988	1.6	2.1	2.8	2.5	1.7
1980-1988	1.1	1.0	3.1	1.3	1.7

Note: n/a = data not available.

National Trends (Continued)

Year	Infant Mortality Rates[1]				Low birth-weight	Percent of Babies Born to Mothers Who Received Late or No Prenatal Care		
	Total	White	Black	Black-White Ratio		Total	White	Black
1940	47.0	43.2	72.9	1.69	n/a	n/a	n/a	n/a
1950	29.2	26.8	43.9	1.64	n/a	n/a	n/a	n/a
1959	26.4	23.2	44.8	1.93	n/a	n/a	n/a	n/a
1960	26.0	22.9	44.3	1.93	7.7%	n/a	n/a	n/a
1961	25.3	22.4	41.8	1.87	7.8	n/a	n/a	n/a
1962	25.3	22.3	42.6	1.91	8.0	n/a	n/a	n/a
1963	25.2	22.2	42.8	1.93	8.2	n/a	n/a	n/a
1964	24.8	21.6	42.3	1.96	8.2	n/a	n/a	n/a
1965	24.7	21.5	41.7	1.94	8.3	n/a	n/a	n/a
1966	23.7	20.6	40.2	1.95	8.3	n/a	n/a	n/a
1967	22.4	19.7	37.5	1.90	8.2	n/a	n/a	n/a
1968	21.8	19.2	36.2	1.89	8.2	n/a	n/a	n/a
1969	20.9	18.4	34.8	1.89	8.1	8.1%	6.3%	18.2%
1970	20.0	17.8	32.6	1.83	7.9	7.9	6.2	16.6
1971	19.1	17.1	30.3	1.77	7.7	7.2	5.8	14.6
1972	18.5	16.4	29.6	1.80	7.7	7.0	5.5	13.2
1973	17.7	15.8	28.1	1.78	7.6	6.7	5.4	12.4
1974	16.7	14.8	26.8	1.81	7.4	6.2	5.0	11.4
1975	16.1	14.2	26.2	1.85	7.4	6.0	5.0	10.5
1976	15.2	13.3	25.5	1.92	7.3	5.7	4.8	9.9
1977	14.1	12.3	23.6	1.92	7.1	5.6	4.7	9.6
1978	13.8	12.0	23.1	1.93	7.1	5.4	4.5	9.3
1979	13.1	11.4	21.8	1.91	6.9	5.1	4.3	8.9
1980	12.6	11.0	21.4	1.95	6.8	5.1	4.3	8.8
1981	11.9	10.5	20.0	1.90	6.8	5.2	4.3	9.1
1982	11.5	10.1	19.6	1.94	6.8	5.5	4.5	9.6
1983	11.2	9.7	19.2	1.98	6.8	5.6	4.6	9.7
1984	10.8	9.4	18.4	1.96	6.7	5.6	4.7	9.6
1985	10.6	9.3	18.2	1.96	6.8	5.7	4.7	10.0
1986	10.4	8.9	18.0	2.02	6.8	6.0	5.0	10.6
1987	10.1	8.6	17.9	2.07	6.9	6.1	5.0	11.1
Total percent change								
1969-1987	-51.7%	-53.3%	-48.6%	—	-14.8%	-24.7%	-20.6%	-39.0%
1980-1987	-19.8	-21.8	-16.4	—	1.5	19.6	16.3	26.1
Average annual percent change								
1969-1987	-2.9	-3.0	-2.7	—	-0.8	-1.4	-1.1	-2.2
1980-1987	-2.8	-3.1	-2.3	—	0.2	2.8	2.3	3.7

[1]Infant deaths per 1,000 live births.

Note: n/a = data not available.

National Trends (Continued)

Year	Total Birth Rate[1]	Total Unmarried Birth Rate[2]	Teen Birth Rate[3]	Teen Unmarried Birth Rate[4]
1959	118.8	21.9	89.1	15.5
1960	118.0	21.6	89.1	15.3
1961	117.1	22.7	88.6	16.0
1962	112.0	21.9	81.4	14.8
1963	108.3	22.5	76.7	15.3
1964	104.7	23.0	73.1	15.9
1965	96.3	23.5	70.5	16.7
1966	90.8	23.4	70.3	17.5
1967	87.2	23.9	67.5	18.5
1968	85.2	24.4	65.6	19.7
1969	86.1	25.0	65.5	20.4
1970	87.9	26.4	68.3	22.4
1971	81.6	25.5	64.5	22.3
1972	73.1	24.8	61.7	22.8
1973	68.8	24.3	59.3	22.7
1974	67.8	23.9	57.5	23.0
1975	66.0	24.5	55.6	23.9
1976	65.0	24.3	52.8	23.7
1977	66.8	25.6	52.8	25.1
1978	65.5	25.7	51.5	24.9
1979	67.2	27.2	52.3	26.4
1980	68.4	29.4	53.0	27.6
1981	67.4	29.6	52.7	28.2
1982	67.3	30.0	52.9	28.9
1983	65.8	30.4	51.7	29.7
1984	65.4	31.0	50.9	30.2
1985	66.2	32.8	51.3	31.6
1986	65.4	34.3	50.6	32.6
1987	65.7	36.1	51.1	34.1
Total percent change				
1969-1987	-23.7%	44.4%	-22.0%	67.2%
1980-1987	-3.9	22.8	-3.6	23.6
Average annual percent change				
1969-1987	-1.3	2.5	-1.2	3.7
1980-1987	-0.6	3.3	-0.5	3.4

[1]Per 1,000 women ages 15-44; this rate also is called the fertility rate.

[2]Per 1,000 unmarried women ages 15-44.

[3]Per 1,000 women ages 15-19.

[4]Per 1,000 unmarried women ages 15-19.

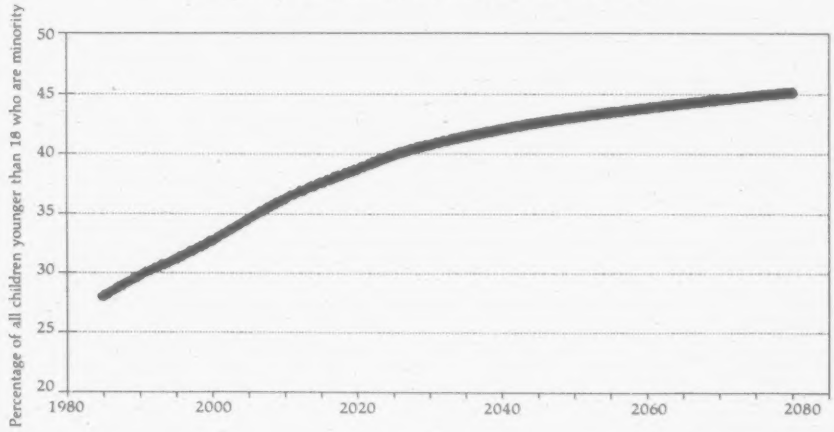
Note: n/a = data not available.

Children and Young Adults Are Becoming Scarce Resources

Year	Total Population (thousands)	Population Younger than 18 (thousands)	Percent of Total Population	Population Ages 18-24 (thousands)	Percent of Total Population
1980	227,255	63,692	28%	30,093	13%
1985	238,736	62,980	26	28,500	12
1995	259,559	67,133	26	23,702	9
2000	267,955	67,389	25	24,601	9
2030	304,807	65,866	22	26,226	9

- The nation's young work force is shrinking. By 1995 there will be 6 million fewer 18- to 24-year-olds than there were in 1980.
- Although the actual number of children younger than age 18 will increase until the year 2000, the percentage of the population that is younger than 18 is decreasing. After 2000 the total number of children will begin decreasing as well.

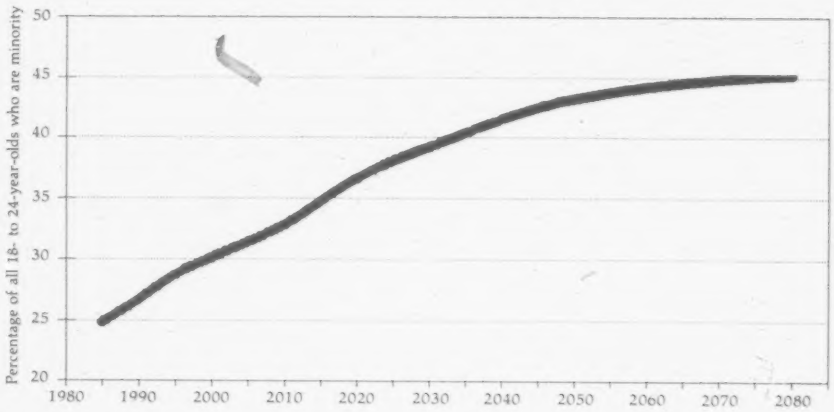
Minority Children in the United States



Year	1985	1990	1995	2000	2010	2020	2030	2050	2080
Percent	28.0%	29.7%	31.1%	32.7%	36.2%	38.7%	40.7%	43.0%	45.1%

Source: Based on Census Bureau projections.

Minorities in the Young Work Force



Year	1985	1990	1995	2000	2010	2020	2030	2050	2080
Percent	24.8%	26.7%	28.7%	30.1%	32.8%	36.6%	39.2%	43.2%	45.2%

- Nearly one-third of the nation's 18- to 24-year-olds will be minorities in 2000, compared with less than one-quarter in 1985.
- There will be 26 percent fewer white, non-Latino 18- to 24-year-olds in the year 2030 than there were in 1985.

Source: Based on Census Bureau projections.

Child Poverty Rates, by Race and Region

Race, region	1969	1979	1987
All races			
South	23.5%	19.6%	23.4%
Northeast	10.9	15.5	16.9
Midwest	10.6	13.0	18.4
West	12.9	14.2	18.9
U.S. average	15.1	16.0	20.0
White			
South	15.0	12.7	15.7
Northeast	8.4	10.7	13.5
Midwest	8.3	9.6	13.6
West	11.2	10.8	16.9
U.S. average	10.7	11.0	15.0
Black			
South	50.9	40.0	45.9
Northeast	31.4	37.1	39.4
Midwest	31.5	36.2	51.5
West	31.4	29.4	35.4
U.S. average	42.0	37.8	45.1

Maternal Labor Force Participation of Married Women With Children Younger than Six

Year	In the Labor Force	
	Number	Percent
1948	1,226,000	10.8%
1949	1,285,000	11.0
1950	1,399,000	11.9
1951	1,670,000	14.0
1952	1,688,000	13.9
1953	1,884,000	15.5
1954	1,808,000	14.9
1955	2,012,000	16.2
1956	2,048,000	15.9
1957	2,208,000	17.0
1958	2,399,000	18.2
1959	2,471,000	18.7
1960	2,474,000	18.6
1961	2,661,000	20.0
1962	2,884,000	21.3
1963	3,006,000	22.5
1964	3,050,000	22.7
1965	3,117,000	23.2
1966	3,186,000	24.2
1967	3,481,000	26.5
1968	3,564,000	27.6
1969	3,596,000	28.5
1970	3,914,000	30.3
1971	3,690,000	29.6
1972	3,778,000	30.1
1973	4,104,000	32.7
1974	4,274,000	34.4
1975	4,518,000	36.7
1976	4,520,000	37.5
1977	4,547,000	39.4
1978	4,768,000	41.7
1979	4,939,000	43.3
1980	5,227,000	45.1
1981	5,603,000	47.8
1982	5,690,000	48.7
1983	5,859,000	49.9
1984	6,219,000	51.8
1985	6,406,000	53.4
1986	6,573,000	53.8
1987	6,952,000	56.8
1988	6,956,000	57.1
Average annual change		
1950-60	107,500	
1960-70	144,000	
1970-80	131,300	
1980-88	216,100	

Youth Unemployment Rates

Year	Total Unemployment Rates			Unemployment Rates of Youths Not Enrolled in School		
				Level of Education		
	All ages (%)	Ages 16-19 (%)	Ages 20-24 (%)	Less than 4 years of high school (%)	High school graduate only (%)	Four years or more of college (%)
1959	5.5	14.6	8.5	n/a	n/a	n/a
1960	5.5	14.7	8.7	n/a	n/a	n/a
1961	6.7	16.8	10.4	n/a	n/a	n/a
1962	5.5	14.7	9.0	n/a	n/a	n/a
1963	5.7	17.2	8.8	n/a	n/a	n/a
1964	5.2	16.2	8.3	n/a	n/a	n/a
1965	4.5	14.8	6.7	n/a	n/a	n/a
1966	3.8	12.8	5.3	n/a	n/a	n/a
1967	3.8	12.9	5.7	n/a	n/a	n/a
1968	3.6	12.7	5.8	n/a	n/a	n/a
1969	3.5	12.2	5.7	n/a	n/a	n/a
1970	4.9	15.3	8.2	17.2	9.9	6.5
1971	5.9	16.9	10.0	18.0	9.6	6.6
1972	5.6	16.2	9.3	16.8	9.5	7.2
1973	4.9	14.5	7.8	14.9	7.2	4.9
1974	5.6	16.0	9.1	19.2	9.8	5.0
1975	8.5	19.9	13.6	25.3	13.6	8.2
1976	7.7	19.0	12.0	24.7	12.1	7.1
1977	7.1	17.8	11.0	20.6	10.5	8.0
1978	6.1	16.4	9.6	18.8	8.8	6.3
1979	5.8	16.1	9.1	19.2	9.9	5.0
1980	7.1	17.8	11.5	25.3	12.5	5.9
1981	7.6	19.6	12.3	26.9	13.8	5.3
1982	9.7	23.2	14 9	31.8	17.3	9.2
1983	9.6	22.4	14.5	27.3	15.2	7.0
1984	7.5	18.9	11.5	25.8	11.8	5.9
1985	7.2	18.6	11.1	25.9	12.7	5.4
1986	7.0	18.3	10.7	24.3	11.5	4.8
1987	6.2	16.9	9.7	21.8	10.7	5.5
1988	5.5	15.3	8.7	20.0	10.1	4.8
Total percent change						
1970-1988	12.2	0.0	6.1	16.3	2.0	-26.2
1980-1988	-22.5	0.0	-24.3	-20.9	-19.2	-18.6
Average annual percent change						
1970-1988	0.7	0.0	0.4	1.0	0.1	-1.5
1980-1988	-2.8	-1.8	-3.0	-2.6	-2.4	-2.3

Note: n/a = data not available.

Children in the States

Child Population and Child Poverty

	Estimated Number of Children Younger than 5 (1988)	Estimated Number of Children Ages 5-17 (1988)	Estimated Number of Children Younger than 18 (1988)	Estimated Total State Population (1988)	Children as Percent of State Population (1988)
Alabama	296,000	819,000	1,115,000	4,102,000	27.2%
Alaska	57,000	110,000	167,000	524,000	31.9
Arizona	299,000	653,000	952,000	3,489,000	27.3
Arkansas	173,000	476,000	649,000	2,395,000	27.1
California	2,381,000	5,113,000	7,494,000	28,314,000	26.5
Colorado	264,000	605,000	869,000	3,301,000	26.3
Connecticut	222,000	538,000	760,000	3,233,000	23.5
Delaware	48,000	118,000	166,000	660,000	25.2
District of Columbia	47,000	91,000	138,000	617,000	22.4
Florida	848,000	1,947,000	2,795,000	12,335,000	22.7
Georgia	496,000	1,280,000	1,776,000	6,342,000	28.0
Hawaii	89,000	198,000	287,000	1,098,000	26.1
Idaho	81,000	223,000	304,000	1,003,000	30.3
Illinois	859,000	2,144,000	3,003,000	11,614,000	25.9
Indiana	389,000	1,072,000	1,461,000	5,556,000	26.3
Iowa	191,000	523,000	714,000	2,834,000	25.2
Kansas	191,000	462,000	653,000	2,495,000	26.2
Kentucky	253,000	728,000	981,000	3,727,000	26.3
Louisiana	372,000	924,000	1,296,000	4,408,000	29.4
Maine	84,000	220,000	304,000	1,205,000	25.2
Maryland	346,000	801,000	1,147,000	4,622,000	24.8
Massachusetts	400,000	932,000	1,332,000	5,889,000	22.6
Michigan	677,000	1,776,000	2,453,000	9,240,000	26.5
Minnesota	325,000	795,000	1,120,000	4,307,000	26.0
Mississippi	206,000	574,000	780,000	2,620,000	29.8
Missouri	370,000	942,000	1,312,000	5,141,000	25.5
Montana	62,000	159,000	221,000	805,000	27.5
Nebraska	120,000	303,000	423,000	1,602,000	26.4
Nevada	82,000	184,000	266,000	1,054,000	25.2
New Hampshire	81,000	194,000	275,000	1,085,000	25.3
New Jersey	529,000	1,302,000	1,831,000	7,721,000	23.7
New Mexico	134,000	315,000	449,000	1,507,000	29.8
New York	1,275,000	3,081,000	4,356,000	17,909,000	24.3
North Carolina	449,000	1,187,000	1,636,000	6,489,000	25.2
North Dakota	52,000	131,000	183,000	667,000	27.4
Ohio	774,000	2,049,000	2,823,000	10,855,000	26.0
Oklahoma	247,000	635,000	882,000	3,242,000	27.2
Oregon	190,000	496,000	686,000	2,767,000	24.8
Pennsylvania	791,000	2,057,000	2,848,000	12,001,000	23.7
Rhode Island	66,000	164,000	230,000	993,000	23.2
South Carolina	259,000	690,000	949,000	3,470,000	27.3
South Dakota	57,000	140,000	197,000	713,000	27.6
Tennessee	332,000	921,000	1,253,000	4,895,000	25.6
Texas	1,488,000	3,498,000	4,986,000	16,841,000	29.6
Utah	177,000	452,000	629,000	1,690,000	37.2
Vermont	40,000	101,000	141,000	557,000	25.3
Virginia	430,000	1,040,000	1,470,000	6,015,000	24.4
Washington	348,000	842,000	1,190,000	4,648,000	25.6
West Virginia	113,000	364,000	477,000	1,876,000	25.4
Wisconsin	357,000	916,000	1,273,000	4,855,000	26.2
Wyoming	39,000	102,000	141,000	479,000	29.4
U.S. total	18,456,000	45,389,000	63,845,000	245,807,000	26.0

Child Population and Child Poverty (Continued)

	Estimated Average Number of Poor Children, 1983-1987	Estimated Average Child Poverty Rate, 1983-1987	Rank of Average Child Poverty Rate, 1983-1987	Change in Child Poverty Rate from 1979 to 1983-1987	Estimated State Median Income of 4-Person Families (1990)	Estimated State Median Income Rank (1990)
Alabama	348,000	31.7	50	8.1	$31,221	41
Alaska	21,000	12.7	3	0.6	47,106	3
Arizona	183,000	21.2	32	4.7	35,711	22
Arkansas	192,000	29.0	46	5.6	27,415	51
California	1,512,000	21.4	35	6.2	40,218	8
Colorado	131,000	16.2	16	4.7	37,778	18
Connecticut	86,000	11.8	2	0.4	47,195	2
Delaware	24,000	15.3	10	-0.3	39,794	12
District of Columbia	39,000	31.3	49	4.3	36,523	20
Florida	575,000	21.1	31	2.6	35,247	27
Georgia	381,000	24.2	43	3.1	35,529	25
Hawaii	46,000	16.7	19	3.7	40,878	6
Idaho	67,000	21.7	36	7.4	29,701	46
Illinois	730,000	22.8	38	7.9	39,891	11
Indiana	259,000	18.4	23	6.5	35,016	28
Iowa	170,000	21.3	33	9.8	34,094	31
Kansas	96,000	14.5	7	3.1	34,474	30
Kentucky	238,000	23.6	42	2.0	30,257	45
Louisiana	390,000	30.6	48	7.1	31,964	38
Maine	48,000	16.0	14	0.2	31,957	39
Maryland	133,000	13.0	4	0.5	46,384	4
Massachusetts	204,000	14.1	6	1.0	44,329	5
Michigan	564,000	22.7	37	9.4	40,105	9
Minnesota	186,000	16.3	17	6.1	39,775	13
Mississippi	257,000	34.3	51	3.9	27,416	50
Missouri	268,000	20.5	29	5.9	35,437	26
Montana	48,000	20.1	27	6.3	31,015	43
Nebraska	86,000	18.7	25	6.6	32,969	36
Nevada	39,000	15.2	9	5.2	37,810	17
New Hampshire	15,000	6.2	1	-3.2	40,833	7
New Jersey	288,000	15.5	12	1.4	47,846	1
New Mexico	117,000	27.5	45	5.4	27,675	49
New York	1,031,000	23.6	41	4.6	38,992	14
North Carolina	294,000	19.5	26	1.2	33,253	34
North Dakota	33,000	16.4	18	2.1	31,152	42
Ohio	581,000	20.2	28	7.0	36,344	21
Oklahoma	188,000	21.0	30	5.3	30,772	44
Oregon	121,000	17.7	22	5.7	34,555	29
Pennsylvania	516,000	18.4	24	4.5	35,638	24
Rhode Island	38,000	16.7	20	3.1	37,814	16
South Carolina	215,000	23.5	40	2.5	32,417	37
South Dakota	43,000	21.3	34	1.3	29,142	47
Tennessee	293,000	25.2	44	4.6	31,916	40
Texas	1,079,000	23.3	39	4.6	35,656	23
Utah	81,000	13.2	5	2.5	32,980	35
Vermont	22,000	16.1	15	2.2	33,983	32
Virginia	207,000	14.9	8	0.0	39,913	10
Washington	194,000	16.9	21	5.4	38,308	15
West Virginia	155,000	30.4	47	11.9	28,711	48
Wisconsin	199,000	15.8	13	5.4	36,674	19
Wyoming	23,000	15.5	11	7.8	33,692	33
U.S. total	13,055,000	20.9		4.9	n/a	

Family Income and Supports

	Employment				Child Support		
	Total Unemployment Rate (1988)	Total Unemployment Rank (1988)	Black Unemployment Rate (1988)	Percent of Unemployed Receiving Unemployment Insurance (1988)	Percent of Child Support Enforcement Cases with at Least One Payment (1988)	Child Support Enforcement Cases with Payment, Rank (1988)	State Income Tax on $10,000 Annual Income (1988)
Alabama	7.2%	42	14.9%	23.7%	12.3%	38	$156
Alaska	9.3	49	18.4	51.5	18.6	21	*
Arizona	6.3	36	n/a	20.4	6.1	50	32
Arkansas	7.7	45	19.2	29.8	22.0	13	130
California	5.3	27	10.3	44.1	20.1	17	0
Colorado	6.4	38	15.1	24.6	6.2	48	0
Connecticut	3.0	3	4.6	40.9	22.0	13	*
Delaware	3.2	5	7.5	39.8	32.6	3	45
District of Columbia	5.0	23	6.7	47.9	6.2	48	0
Florida	5.0	23	9.0	17.3	14.2	33	*
Georgia	5.8	30	11.8	20.1	11.7	39	10
Hawaii	3.2	5	n/a	41.9	16.2	30	116
Idaho	5.8	30	n/a	42.2	18.8	20	0
Illinois	6.8	40	19.1	27.6	7.6	45	150
Indiana	5.3	27	14.8	20.1	15.4	32	204
Iowa	4.5	17	n/a	27.5	21.9	15	144
Kansas	4.8	20	15.6	32.6	16.3	28	0
Kentucky	7.9	47	20.6	21.3	12.8	37	281
Louisiana	10.9	51	20.2	20.2	13.1	36	0
Maine	3.8	10	n/a	41.3	27.7	6	0
Maryland	4.5	17	8.5	25.1	7.8	44	0
Massachusetts	3.3	7	6.5	57.3	26.4	9	0
Michigan	7.6	44	17.0	33.2	15.7	31	129
Minnesota	4.0	14	21.2	36.2	27.2	7	0
Mississippi	8.4	48	15.3	22.8	5.4	51	0
Missouri	5.7	29	11.8	30.9	18.5	22	31
Montana	6.8	40	n/a	30.6	10.5	40	109
Nebraska	3.6	8	10.2	29.5	28.1	5	0
Nevada	5.2	26	13.2	31.4	21.0	16	*
New Hampshire	2.4	1	n/a	19.1	32.5	4	*
New Jersey	3.8	10	8.5	47.8	22.9	11	120
New Mexico	7.8	46	n/a	22.6	9.3	43	0
New York	4.2	15	7.3	46.2	17.4	25	0
North Carolina	3.6	8	7.2	32.3	18.1	23	252
North Dakota	4.8	20	n/a	34.2	16.9	27	0
Ohio	6.0	34	14.0	28.4	16.3	28	0
Oklahoma	6.7	39	14.8	18.7	7.2	46	33
Oregon	5.8	30	n/a	39.4	17.3	26	50
Pennsylvania	5.1	25	11.3	41.6	24.9	10	211
Rhode Island	3.1	4	5.0	72.0	19.1	19	0
South Carolina	4.5	17	9.2	28.1	14.0	34	0
South Dakota	3.9	12	n/a	20.6	35.2	2	*
Tennessee	5.8	30	10.9	31.2	10.1	41	*
Texas	7.3	43	12.9	19.4	9.9	42	*
Utah	4.9	22	n/a	28.1	22.3	12	0
Vermont	2.8	2	n/a	50.2	26.6	8	0
Virginia	3.9	12	8.0	18.9	17.8	24	93
Washington	6.2	35	n/a	44.9	19.4	18	*
West Virginia	9.9	50	16.2	23.8	7.0	47	60
Wisconsin	4.3	16	13.2	39.1	39.0	1	0
Wyoming	6.3	36	n/a	27.6	13.6	35	*
U.S. total	5.5		11.7	n/a	16.7		n/a

Note: n/a = data not available or not applicable.

*No broad-based individual income tax.

Family Income and Supports (Continued)

	AFDC							
	Monthly AFDC Benefit for a 3-Person Family (July 1989)	1989 AFDC Benefits as Percent of 1988 Federal Poverty Level for 3-Person Families	AFDC Benefits as Percent of Federal Poverty Level, Rank	Monthly Combined AFDC and Food Stamps for 3 Persons (July 1989)	Monthly Combined AFDC and Food Stamps (July 1989) as Percent of 1988 Federal Poverty Level	Percent of AFDC Households Receiving Food Stamps (1987)	HUD-Determined Fair Market Rent in Lowest Cost Metropolitan Area in State (1988)	HUD Fair Market Rent as Percent of AFDC Grant for 3 Persons (July 1989)
Alabama	$118	15.0%	51	$ 354	45.0%	83.2%	$ 306	259.3%
Alaska	809	82.3	4	1,009	102.7	67.9	576	71.2
Arizona	293	37.3	36	523	66.5	85.3	529	180.5
Arkansas	204	25.9	46	440	56.0	85.9	349	171.1
California	694	88.3	1	804	102.3	70.9	407	58.6
Colorado	356	45.3	28	568	72.2	81.7	435	122.2
Connecticut	649	82.5	3	773	98.3	75.7	503	77.5
Delaware	333	42.4	31	551	70.1	80.2	541	162.5
District of Columbia	409	52.0	19	605	76.9	47.0	671	164.1
Florida	287	36.5	38	519	66.0	76.8	335	116.7
Georgia	273	34.7	40	509	64.7	77.0	342	125.3
Hawaii	557	61.6	12	866	95.8	83.5	619	111.1
Idaho	317	40.3	35	540	68.7	84.3	510	160.9
Illinois	342	43.5	30	563	71.6	88.8	420	122.8
Indiana	288	36.6	37	520	66.1	81.5	346	120.1
Iowa	410	52.1	18	605	76.9	88.8	408	99.5
Kansas	436	55.5	15	642	81.7	79.6	413	94.7
Kentucky	228	29.0	44	464	59.0	85.5	335	146.9
Louisiana	190	24.2	47	426	54.2	76.3	359	188.9
Maine	438	55.7	14	625	79.5	84.5	443	101.1
Maryland	396	50.4	21	613	78.0	83.3	365	92.2
Massachusetts	539	68.6	6	696	88.5	79.3	496	92.0
Michigan	465	59.1	13	644	81.9	91.4	514	110.5
Minnesota	532	67.7	8	691	87.9	79.4	415	78.0
Mississippi	120	15.3	50	356	45.3	87.7	358	298.3
Missouri	285	36.2	39	518	65.9	82.3	320	112.3
Montana	359	45.7	27	570	72.5	91.5	424	118.1
Nebraska	364	46.3	25	573	72.9	87.6	408	112.1
Nevada	330	42.0	32	549	69.8	72.2	596	180.6
New Hampshire	506	64.4	10	673	85.6	78.8	569	112.5
New Jersey	424	53.9	17	623	79.2	85.4	450	106.1
New Mexico	264	33.6	42	500	63.6	85.3	391	148.1
New York	539	68.6	6	712	90.6	93.2	566	105.0
North Carolina	266	33.8	41	502	63.8	71.6	337	126.7
North Dakota	386	49.1	23	589	74.9	71.8	404	104.7
Ohio	321	40.8	34	547	69.6	89.5	352	109.7
Oklahoma	325	41.3	33	546	69.4	82.3	353	108.6
Oregon	432	54.9	16	656	83.4	87.9	468	108.3
Pennsylvania	402	51.1	20	600	76.3	88.5	369	91.8
Rhode Island	543	69.1	5	704	89.5	90.4	506	93.2
South Carolina	206	26.2	45	442	56.2	80.3	333	161.7
South Dakota	377	47.9	24	582	74.0	77.0	379	100.5
Tennessee	184	23.4	48	420	53.4	85.6	346	188.0
Texas	184	23.4	48	420	53.4	89.5	349	189.7
Utah	387	49.2	22	589	74.9	83.8	402	103.9
Vermont	651	82.8	2	774	98.4	86.1	579	88.9
Virginia	354	45.0	29	566	72.0	66.8	346	97.7
Washington	492	62.6	11	677	86.1	84.5	417	84.8
West Virginia	249	31.7	43	485	61.7	93.6	365	146.6
Wisconsin	517	65.8	9	680	86.5	82.6	382	73.9
Wyoming	360	45.8	26	570	72.5	87.9	467	129.7
U.S. total	n/a	n/a	n/a	n/a	n/a	82.9	n/a	n/a

Note: Unemployment insurance and income tax data are from the Center on Budget and Policy Priorities.

Maternal and Child Health

	Prenatal Care			
	Percent of Babies Born to Mothers Receiving Early Prenatal Care (1st Trimester) (1987)	Early Prenatal Care Rank (1987)	Percent of Babies Born to Mothers Receiving No Care or Late Prenatal Care (3rd Trimester) (1987)	Late or No Prenatal Care Rank (1987)
Alabama	73.6%	39	6.3%	38
Alaska	76.4	31	4.6	21
Arizona	70.1	45	9.1	47
Arkansas	68.6	47	7.4	44
California	75.9	32	5.7	34
Colorado	77.4	26	4.9	27
Connecticut	85.7	1	3.4	10
Delaware	77.7	24	4.7	22
District of Columbia	60.5	50	10.8	49
Florida	69.4	46	8.5	45
Georgia	72.4	42	6.7	41
Hawaii	76.8	29	5.6	33
Idaho	74.9	36	6.3	37
Illinois	78.5	22	4.7	25
Indiana	77.9	23	5.0	29
Iowa	85.4	2	2.6	1
Kansas	80.7	14	4.0	15
Kentucky	75.9	33	5.1	30
Louisiana	75.4	35	6.2	36
Maine	83.5	4	2.8	2
Maryland	80.5	15	4.0	14
Massachusetts	83.3	7	3.1	5
Michigan	80.8	13	3.4	11
Minnesota	80.4	17	4.3	18
Mississippi	76.5	30	4.1	16
Missouri	80.3	18	4.2	17
Montana	77.2	27	4.8	26
Nebraska	82.4	8	3.4	9
Nevada	73.2	40	7.0	42
New Hampshire	83.4	5	3.1	7
New Jersey	80.5	16	4.7	23
New Mexico	56.4	51	14.1	51
New York	71.4	43	10.4	48
North Carolina	77.6	25	4.7	24
North Dakota	82.1	10	3.0	3
Ohio	81.9	11	3.5	12
Oklahoma	73.0	41	6.6	40
Oregon	73.7	38	6.6	39
Pennsylvania	78.6	21	5.6	32
Rhode Island	83.8	3	3.0	4
South Carolina	66.3	49	9.0	46
South Dakota	74.3	37	5.8	35
Tennessee	75.8	34	5.6	31
Texas	67.3	48	11.3	50
Utah	82.2	9	3.2	8
Vermont	79.0	20	4.3	19
Virginia	80.9	12	3.9	13
Washington	77.1	28	5.0	28
West Virginia	70.3	44	7.2	43
Wisconsin	83.3	6	3.1	6
Wyoming	79.4	19	4.3	20
U.S. total	76.0		6.1	

Maternal and Child Health (Continued)

	Infant Mortality			Low-Birthweight Births		
	Infant Mortality Rate[1] (1987)	Infant Mortality Rank (1987)	Black Infant Mortality Rate[1] (1987)	Number of Low-Birthweight Births (1987)	Percent of All Births That Were Low Birthweight (1987)	Low Birthweight Rank (1987)
Alabama	12.2	47	19.0	4,788	8.0%	45
Alaska	10.4	36	—	564	4.8	1
Arizona	9.5	21	15.7	4,084	6.4	20
Arkansas	10.3	33	15.7	2,662	7.7	41
California	9.0	14	16.0	30,328	6.0	17
Colorado	9.8	27	16.4	4,264	7.9	44
Connecticut	8.8	11	19.5	3,125	6.7	24
Delaware	11.7	44	20.0	658	6.7	23
District of Columbia	19.3	51	22.8	1,380	13.5	51
Florida	10.6	38	18.7	13,423	7.7	39
Georgia	12.7	48	17.5	8,446	8.2	47
Hawaii	8.9	13	—	1,306	7.0	33
Idaho	10.4	34	—	893	5.6	14
Illinois	11.6	42	20.6	13,370	7.4	37
Indiana	10.1	30	19.4	5,088	6.5	21
Iowa	9.1	15	—	1,933	5.1	5
Kansas	9.5	20	19.2	2,447	6.4	19
Kentucky	9.7	25	12.8	3,494	6.8	26
Louisiana	11.8	45	17.7	6,412	8.7	49
Maine	8.3	4	—	902	5.4	9
Maryland	11.5	41	18.1	5,656	7.8	42
Massachusetts	7.2	1	14.4	4,812	5.7	15
Michigan	10.7	40	21.4	10,058	7.2	36
Minnesota	8.7	9	17.4	3,255	5.0	4
Mississippi	13.7	50	18.2	3,701	9.0	50
Missouri	10.2	32	17.5	5,240	7.0	32
Montana	10.0	29	—	673	5.5	13
Nebraska	8.6	7	—	1,308	5.5	12
Nevada	9.6	23	17.9	1,150	6.9	27
New Hampshire	7.8	2	—	839	4.9	3
New Jersey	9.4	19	18.1	7,889	7.0	31
New Mexico	8.1	3	—	1,919	7.1	35
New York	10.7	39	17.2	20,568	7.6	38
North Carolina	11.9	46	18.2	7,363	7.9	43
North Dakota	8.7	10	—	503	4.9	2
Ohio	9.3	18	15.3	10,364	6.6	22
Oklahoma	9.6	22	14.0	3,216	6.7	25
Oregon	10.4	37	—	2,077	5.4	10
Pennsylvania	10.4	35	22.3	11,257	6.9	28
Rhode Island	8.4	5	—	844	6.0	18
South Carolina	12.7	49	17.8	4,529	8.6	48
South Dakota	9.9	28	—	593	5.2	6
Tennessee	11.7	43	19.7	5,530	8.1	46
Texas	9.1	16	15.1	20,959	6.9	30
Utah	8.8	12	—	2,026	5.7	16
Vermont	8.5	6	—	427	5.3	7
Virginia	10.2	31	17.0	6,256	6.9	29
Washington	9.7	24	15.2	3,746	5.3	8
West Virginia	9.8	26	—	1,591	7.1	34
Wisconsin	8.6	8	16.5	3,850	5.4	11
Wyoming	9.2	17	—	578	7.7	40
U.S. total	10.1		17.9	262,344	6.9	

[1]Deaths per 1,000 live births.

Note: — = number too small to calculate a reliable rate.

Births to Unmarried Mothers and Births to Adolescent Mothers

State	Total Number of Births (1987)	Percent of Babies Born to Unmarried Mothers (1987)	Percent of Babies Born to Unmarried Mothers, Rank (1987)	Number of Babies Born to Teens (1987)
Alabama	59,583	26.8%	38	10,359
Alaska	11,677	22.0	26	1,085
Arizona	63,369	27.2	40	8,781
Arkansas	34,565	24.6	33	6,501
California	503,413	27.2	39	54,599
Colorado	53,808	18.9	12	5,718
Connecticut	46,941	23.5	31	4,023
Delaware	9,889	27.7	42	1,313
District of Columbia	10,208	59.7	51	1,665
Florida	175,144	27.5	41	23,664
Georgia	102,507	27.9	43	17,009
Hawaii	18,604	21.3	24	1,820
Idaho	15,932	13.0	2	1,764
Illinois	180,680	28.0	44	22,421
Indiana	78,566	22.0	27	10,898
Iowa	37,898	16.2	6	3,509
Kansas	38,508	17.2	10	4,372
Kentucky	51,379	20.7	20	8,866
Louisiana	73,967	31.9	49	12,446
Maine	16,847	19.8	16	1,784
Maryland	72,544	31.5	48	8,284
Massachusetts	84,453	20.9	22	7,038
Michigan	140,578	20.4	17	17,247
Minnesota	65,173	17.1	9	4,856
Mississippi	41,292	35.1	50	8,304
Missouri	75,146	23.7	32	10,018
Montana	12,245	19.4	15	1,238
Nebraska	23,822	16.8	8	2,121
Nevada	16,668	16.4	7	1,953
New Hampshire	17,032	14.7	4	1,323
New Jersey	113,368	23.5	30	10,414
New Mexico	27,298	29.6	46	4,172
New York	272,118	29.7	47	25,616
North Carolina	93,501	24.9	35	14,713
North Dakota	10,300	13.9	3	786
Ohio	157,842	24.9	34	20,823
Oklahoma	47,881	20.7	18	7,676
Oregon	38,697	22.4	28	4,425
Pennsylvania	162,651	25.3	36	17,738
Rhode Island	14,047	21.8	25	1,379
South Carolina	52,801	29.0	45	8,676
South Dakota	11,493	19.4	14	1,192
Tennessee	67,943	26.3	37	11,426
Texas	301,962	19.0	13	45,428
Utah	35,327	11.1	1	3,342
Vermont	8,130	17.9	11	649
Virginia	90,333	22.8	29	10,279
Washington	70,361	20.8	21	7,335
West Virginia	22,425	21.1	23	3,819
Wisconsin	70,940	20.7	19	6,912
Wyoming	7,538	15.8	5	844
U.S. total	3,809,394	24.5		472,623

Births to Unmarried Mothers and Births to Adolescent Mothers (Continued)

	Percent of All Births That Were to Teens (1987)	Percent of All Births That Were to Teens, Rank (1987)	Number of Births to Unmarried Teens (1987)	Percent of All Births to Teens That Were to Unmarried Women (1987)	Teen Unmarried Birth Rank (1987)	Percent of Births to Teenage Mothers Who Received Early Prenatal Care (1987)
Alabama	17.4%	49	6,279	60.6%	13	50.0%
Alaska	9.3	10	665	61.3	15	57.6
Arizona	13.9	36	5,718	65.1	30	51.3
Arkansas	18.8	50	3,539	54.4	9	48.4
California	10.8	21	34,443	63.1	23	56.2
Colorado	10.6	20	3,543	62.0	20	51.1
Connecticut	8.6	6	2,576	64.0	27	58.3
Delaware	13.3	33	962	73.3	41	55.1
District of Columbia	16.3	42	1,593	95.7	51	40.9
Florida	13.5	35	15,481	65.4	32	43.2
Georgia	16.6	44	10,471	61.6	16	52.9
Hawaii	9.8	14	1,187	65.2	31	56.6
Idaho	11.1	23	789	44.7	2	53.7
Illinois	12.4	31	17,280	77.1	46	54.3
Indiana	13.9	37	6,742	61.9	18	57.2
Iowa	9.3	9	2,237	63.8	25	64.7
Kansas	11.4	25	2,480	56.7	10	59.0
Kentucky	17.3	48	3,994	45.0	3	58.1
Louisiana	16.8	46	8,529	68.5	39	56.9
Maine	10.6	19	1,171	65.6	33	65.9
Maryland	11.4	27	6,609	79.8	49	56.9
Massachusetts	8.3	5	5,440	77.3	48	59.3
Michigan	12.3	30	10,635	61.7	17	58.6
Minnesota	7.5	1	3,559	73.3	41	55.0
Mississippi	20.1	51	5,839	70.3	40	59.7
Missouri	13.3	34	6,322	63.1	23	58.7
Montana	10.1	16	802	64.8	29	52.6
Nebraska	8.9	7	1,445	68.1	37	58.0
Nevada	11.7	29	854	43.7	1	51.3
New Hampshire	7.8	3	829	62.7	21	58.0
New Jersey	9.2	8	8,406	80.7	50	50.2
New Mexico	15.3	39	2,698	64.7	28	36.7
New York	9.4	11	19,758	77.1	46	45.2
North Carolina	15.7	40	8,966	60.9	14	56.2
North Dakota	7.6	2	471	59.9	12	57.1
Ohio	13.2	32	14,235	68.4	38	60.3
Oklahoma	16.0	41	3,889	50.7	7	52.2
Oregon	11.4	28	2,737	61.9	18	50.2
Pennsylvania	10.9	22	13,064	73.6	43	53.4
Rhode Island	9.8	15	1,022	74.1	44	64.6
South Carolina	16.4	43	5,827	67.2	36	40.5
South Dakota	10.4	17	790	66.3	34	49.6
Tennessee	16.8	45	6,491	56.8	11	55.8
Texas	15.0	38	21,564	47.5	5	43.8
Utah	9.5	12	1,513	45.3	4	66.4
Vermont	8.0	4	431	66.4	35	52.1
Virginia	11.4	26	6,459	62.8	22	60.1
Washington	10.4	18	4,686	63.9	26	52.8
West Virginia	17.0	47	1,913	50.1	6	48.9
Wisconsin	9.7	13	5,171	74.8	45	59.3
Wyoming	11.2	24	437	51.8	8	58.4
U.S. total	12.4		302,541	64.0		53.0

State Medicaid Coverage of Low-Income Pregnant Women, Infants, and Children[1]

	State Covers All Pregnant Women and Infants Under 185% of Poverty[2]		State Covers All Poor 7- and 8-Year-Olds[3]	State Covers All Financially Needy Children Younger than 18[4]	
		Highest income level[5]			Highest income level[5]
Alabama	No	100%	No	No	14.1%
Alaska	No	100	No	Yes	77.2
Arizona	No	100	No	Yes	35.0
Arkansas	No	100	No	Yes	31.8
California	Yes	185	No	Yes	106.4
Colorado	No	75	No	No	50.2
Connecticut	Yes	185	No	Yes	84.7
Delaware	No	100	Yes	No	39.7
District of Columbia	No	100	No	Yes	57.9
Florida	Yes	150	Yes	Yes	45.7
Georgia	No	100	No	Yes	44.9
Hawaii	Yes	185	No	No	57.8
Idaho	No	75	No	No	36.3
Illinois	No	100	No	Yes	54.6
Indiana	No	100	No	No	34.4
Iowa	Yes	185	Yes	Yes	62.6
Kansas	Yes	150	No	Yes	57.3
Kentucky	Yes	125	No	Yes	34.8
Louisiana	No	100	Yes	No	30.8
Maine	Yes	185	Yes	Yes	75.4
Maryland	Yes	185	No	Yes	52.7
Massachusetts	Yes	185	No	Yes	92.4
Michigan	Yes	185	No	Yes	68.2
Minnesota	Yes	185	Yes	Yes	84.6
Mississippi	Yes	185	No	Yes	43.9
Missouri	No	100	No	Yes	34.0
Montana	No	100	No	No	48.7
Nebraska	No	100	No	Yes	58.7
Nevada	No	75	No	No	39.4
New Hampshire	No	75	No	No	68.1
New Jersey	No	100	No	Yes	67.5
New Mexico	No	100	No	No	31.5
New York	Yes	185	No	Yes	84.6
North Carolina	Yes	150	No	Yes	42.7
North Dakota	No	75	No	Yes	51.9
Ohio	No	100	No	Yes	38.3
Oklahoma	No	100	No	Yes	56.2
Oregon	No	85.4	No	No	66.7
Pennsylvania	No	100	No	Yes	53.7
Rhode Island	Yes	185	Yes	No	82.5
South Carolina	Yes	185	No	Yes	48.1
South Dakota	No	100	No	No	43.7
Tennessee	No	100	No	Yes	43.5
Texas	Yes	130	No	Yes	31.8
Utah	No	100	No	Yes	59.9
Vermont	Yes	185	Yes	Yes	100.3
Virginia	No	100	No	No	42.7
Washington	Yes	185	Yes	No	71.5
West Virginia	Yes	150	Yes	No	34.6
Wisconsin	Yes	120	No	Yes	82.2
Wyoming	No	100	No	No	42.9

[1]Reflects all authorized coverage as of January 1, 1990.

[2]Effective April 1, 1990, states must cover all pregnant women and infants with family incomes below 133 percent of the federal poverty level. States may cover all pregnant women and infants with family incomes under 185 percent of poverty.

[3]Effective April 1, 1990, states must cover all children ages one to six with family incomes under 133 percent of the federal poverty level. Additionally, states may cover all children born after September 30, 1983, and younger than eight, with family incomes below 100 percent of the federal poverty level.

[4]States may cover any child younger than 18 (or 19, 20, or 21, as the state may choose) with family income below state-set AFDC financial eligibility levels. For nondisabled children older than eight, the AFDC financial eligibility level is the highest income eligibility level for which federal Medicaid funds are available.

[5]Percent of the federal poverty level.

Employed Women and the Need for Child Care

	Percent of Children in Single-Parent Families (1980)	Number of Mothers of Children Under 6 Who Are in the Labor Force (1980)	Percent of Mothers of Children Under 6 Who Are in the Labor Force (1980)	Number of Mothers of Children 6-17 Who Are in the Labor Force (1980)	Percent of Mothers of Children Age 6-17 Who Are in the Labor Force (1980)
Alabama	27.0	121,144	48.97	185,976	60.74
Alaska	20.1	14,815	47.37	19,010	65.29
Arizona	22.4	74,582	44.54	116,676	61.40
Arkansas	24.4	74,852	50.99	109,235	62.59
California	26.1	643,658	46.34	1,084,702	65.16
Colorado	20.2	84,877	46.37	143,495	66.14
Connecticut	21.4	65,531	40.85	165,479	66.68
Delaware	25.0	16,777	48.76	30,835	64.96
District of Columbia	58.4	16,814	62.13	28,153	72.15
Florida	28.5	239,124	50.70	438,971	64.86
Georgia	28.5	187,672	53.94	290,484	66.56
Hawaii	21.9	32,215	51.46	45,523	69.65
Idaho	16.0	30,658	43.47	42,557	64.53
Illinois	24.2	299,384	43.35	533,822	63.19
Indiana	20.2	166,157	47.10	276,698	64.05
Iowa	14.8	90,190	49.13	140,500	65.80
Kansas	17.5	72,676	48.31	114,595	67.31
Kentucky	20.8	103,395	41.95	159,815	55.82
Louisiana	28.6	128,005	43.98	173,225	55.54
Maine	19.4	30,097	45.34	56,765	63.62
Maryland	27.0	117,155	50.85	233,397	66.86
Massachusetts	21.6	121,355	41.82	281,921	65.45
Michigan	23.6	238,178	41.58	437,667	59.59
Minnesota	14.6	127,727	50.38	205,757	66.97
Mississippi	30.9	92,586	54.40	117,569	62.78
Missouri	21.7	151,162	50.53	235,719	64.36
Montana	17.0	23,679	44.65	36,461	63.35
Nebraska	15.8	50,622	49.36	74,200	67.18
Nevada	26.0	24,364	54.13	41,651	71.13
New Hampshire	17.3	26,858	49.73	50,486	70.02
New Jersey	23.8	155,381	39.11	360,544	62.21
New Mexico	23.0	39,715	42.50	55,396	57.21
New York	26.9	359,593	37.50	776,996	59.28
North Carolina	26.0	203,233	58.32	335,633	70.34
North Dakota	12.3	21,173	47.23	26,499	58.99
Ohio	20.6	280,855	42.17	498,759	59.28
Oklahoma	20.9	93,784	47.20	143,290	63.21
Oregon	21.6	69,430	43.14	123,183	64.54
Pennsylvania	20.8	237,285	37.39	514,559	57.44
Rhode Island	21.6	22,026	45.01	48,863	68.02
South Carolina	28.3	114,638	58.12	167,117	67.94
South Dakota	16.5	24,227	50.90	30,524	64.55
Tennessee	25.2	143,252	50.96	231,926	63.41
Texas	22.1	468,649	48.10	661,620	63.02
Utah	13.3	49,346	37.44	55,339	64.46
Vermont	18.8	14,469	48.10	26,246	67.59
Virginia	24.1	155,359	49.80	275,923	64.93
Washington	20.7	107,403	42.71	193,407	63.71
West Virginia	17.8	39,780	31.62	68,158	45.94
Wisconsin	16.9	139,824	48.59	239,384	67.34
Wyoming	15.6	14,794	41.53	21,415	66.57
U.S. total	23.3	6,220,525	45.68	10,726,125	63.03

Employed Women and the Need for Child Care (Continued)

	Number of Working Women (1988)	Percent Change in Number of Working Women (1978-1988)	Title XX Funded Child Care Slots (1988)	Change in Title XX Funded Slots 1981-1988
Alabama	838,000	33.0%	6,500	-50.0
Alaska	110,000	41.0	6,093	164.9
Arizona	744,000	82.4	14,945	-0.7
Arkansas	505,000	27.5	2,191	0.6
California	6,082,000	36.2	112,500	n/a
Colorado	798,000	49.2	8,191	17.9
Connecticut	805,000	24.4	12,000	20.0
Delaware	164,000	46.4	1,976	-5.9
District of Columbia	171,000	4.3	6,739	24.0
Florida	2,826,000	78.7	34,534	110.8
Georgia	1,500,000	48.8	7,999	-2.5
Hawaii	244,000	36.3	1,188	-80.0
Idaho	208,000	27.6	1,057	n/a
Illinois	2,582,000	17.2	20,528	-26.9
Indiana	1,310,000	22.8	7,000	-37.5
Iowa	683,000	17.2	1,673	-3.2
Kansas	573,000	14.8	5,458	-9.0
Kentucky	762,000	21.3	7,714	10.4
Louisiana	833,000	32.4	6,500	-13.9
Maine	278,000	44.0	2,400	-17.8
Maryland	1,146,000	33.9	8,745	28.0
Massachusetts	1,477,000	21.2	18,451	53.8
Michigan	2,051,000	20.7	7,539	-78.9
Minnesota	1,053,000	27.0	n/a	n/a
Mississippi	511,000	21.1	2,712	-43.5
Missouri	1,214,000	25.4	8,969	n/a
Montana	180,000	24.1	455	-58.6
Nebraska	375,000	9.6	14,784	55.5
Nevada	262,000	95.5	280	-68.1
New Hampshire	269,000	48.6	6,500	62.5
New Jersey	1,776,000	23.8	13,500	19.4
New Mexico	303,000	40.9	3,400	130.5
New York	3,775,000	15.0	6,200	n/a
North Carolina	1,538,000	29.9	15,300	2.0
North Dakota	146,000	30.4	190	90.0
Ohio	2,359,000	16.2	15,800	-60.2
Oklahoma	694,000	32.4	15,500	-6.1
Oregon	634,000	31.3	4,981	84.7
Pennsylvania	2,570,000	21.1	26,823	14.5
Rhode Island	244,000	32.6	1,861	-11.9
South Carolina	771,000	34.1	4,500	-9.4
South Dakota	163,000	20.7	64	-96.9
Tennessee	1,058,000	29.3	12,349	-5.0
Texas	3,658,000	49.9	14,900	30.5
Utah	332,000	56.6	7,503	72.4
Vermont	137,000	34.3	2,200	69.2
Virginia	1,422,000	35.8	4,502	-13.4
Washington	1,057,000	46.4	8,690	113.1
West Virginia	321,000	27.4	4,700	-9.6
Wisconsin	1,160,000	20.0	12,690	63.2
Wyoming	102,000	24.4	1,336	n/a
U.S. total	54,742,000	28.4	n/a	n/a

Education and Youth Employment

	Annual Unemployment Rate, Ages 16-19 (1988)	Rank	16- to 24-Year-Olds Not in School and Not High School Graduates (1980)	As a Percent of All 16- to 24-Year-Olds (1980)	Rank
Alabama	17.6%	39	129,000	19.3	45
Alaska	17.9	40	10,000	13.2	20
Arizona	17.4	37	83,000	17.8	38
Arkansas	21.0	46	69,000	19.2	44
California	15.7	33	704,000	17.4	36
Colorado	18.4	41	69,000	13.3	21
Connecticut	5.5	1	60,000	12.0	13
Delaware	10.0	6	13,000	12.7	15
District of Columbia	20.0	43	19,000	16.0	32
Florida	14.0	26	257,000	17.7	37
Georgia	18.5	42	195,000	20.9	49
Hawaii	10.7	11	17,000	10.0	6
Idaho	15.3	30	26,000	16.1	33
Illinois	16.3	34	296,000	15.5	29
Indiana	12.0	15	143,000	15.2	27
Iowa	15.2	29	48,000	9.7	4
Kansas	13.0	19	52,000	12.7	16
Kentucky	20.6	45	150,000	24.0	51
Louisiana	28.9	51	148,000	19.5	47
Maine	10.6	10	22,000	12.0	12
Maryland	15.6	31	102,000	14.4	25
Massachusetts	9.7	4	97,000	9.9	5
Michigan	17.5	38	217,000	13.5	23
Minnesota	10.2	8	56,000	8.0	1
Mississippi	27.4	50	94,000	21.2	50
Missouri	20.0	43	128,000	15.7	31
Montana	16.8	36	14,000	10.7	8
Nebraska	13.4	22	24,000	8.8	3
Nevada	13.3	21	24,000	18.4	41
New Hampshire	10.0	6	19,000	13.0	17
New Jersey	10.4	9	139,000	12.3	14
New Mexico	24.5	48	43,000	18.3	40
New York	11.8	14	363,000	13.1	19
North Carolina	12.4	17	195,000	18.9	42
North Dakota	11.7	13	11,000	8.7	2
Ohio	15.6	31	239,000	13.3	22
Oklahoma	14.8	27	83,000	16.4	34
Oregon	13.6	23	65,000	15.6	30
Pennsylvania	13.9	25	217,000	11.3	11
Rhode Island	9.7	4	24,000	15.1	26
South Carolina	13.1	20	103,000	18.0	39
South Dakota	11.0	12	13,000	11.1	10
Tennessee	14.8	27	148,000	19.4	46
Texas	21.8	47	497,000	19.9	48
Utah	12.2	16	34,000	13.0	18
Vermont	5.5	1	9,000	10.1	7
Virginia	12.9	18	154,000	16.7	35
Washington	16.6	35	97,000	13.8	24
West Virginia	26.8	49	58,000	19.0	43
Wisconsin	6.5	3	89,000	10.8	9
Wyoming	13.8	24	13,000	15.4	28
U.S. total	15.3		5,883,000	15.4	

Education and Youth Employment (Continued)

	Per-Pupil Expenditures (1985-1986)	Rank	Real Percent Change, Per-Pupil Expenditures, 1981-1982 to 1985-1986	Student-Teacher Ratio (1988)	Rank
Alabama	$2,565	47	7.5%	19.3	43
Alaska	8,253	1	13.1	17.3	29
Arizona	3,093	40	8.6	18.6	39
Arkansas	2,658	45	24.8	17.1	24
California	3,543	25	14.7	22.9	50
Colorado	3,975	17	18.0	18.0	33
Connecticut	4,743	6	28.7	13.3	1
Delaware	4,610	8	24.7	16.1	18
District of Columbia	5,337	4	21.7	13.9	3
Florida	3,529	27	24.9	17.4	31
Georgia	2,966	44	27.1	18.7	40
Hawaii	3,807	21	15.0	21.6	49
Idaho	2,484	49	10.4	20.7	48
Illinois	3,781	22	11.4	17.2	27
Indiana	3,275	35	22.8	17.9	32
Iowa	3,619	24	8.9	15.6	14
Kansas	3,829	20	17.6	15.4	12
Kentucky	2,486	48	12.8	18.2	35
Louisiana	3,187	38	6.4	18.5	38
Maine	3,472	32	35.2	14.9	7
Maryland	4,450	10	19.0	17.1	24
Massachusetts	4,562	9	25.8	13.9	3
Michigan	4,176	12	15.0	20.1	45
Minnesota	3,941	18	17.3	17.1	24
Mississippi	2,362	51	19.8	18.8	41
Missouri	3,189	37	17.8	16.2	19
Montana	4,091	15	18.0	15.8	16
Nebraska	3,634	23	16.3	15.1	9
Nevada	3,440	33	22.7	20.2	46
New Hampshire	3,542	26	22.1	16.0	17
New Jersey	5,395	3	27.0	14.0	5
New Mexico	3,195	36	2.2	18.9	42
New York	6,011	2	21.5	15.2	10
North Carolina	2,982	43	22.4	18.2	35
North Dakota	3,481	31	10.4	15.6	14
Ohio	3,527	29	22.4	18.0	33
Oklahoma	3,146	39	1.8	16.9	23
Oregon	4,141	14	8.6	18.3	37
Pennsylvania	4,416	11	25.2	16.2	19
Rhode Island	4,667	7	32.8	15.0	8
South Carolina	3,058	41	38.7	17.2	27
South Dakota	3,051	42	14.7	15.5	13
Tennessee	2,612	46	19.2	19.6	44
Texas	3,298	34	28.0	17.3	29
Utah	2,390	50	10.4	24.7	51
Vermont	4,031	16	24.8	13.4	2
Virginia	3,520	30	27.7	16.3	22
Washington	3,881	19	26.7	20.2	46
West Virginia	3,528	28	17.7	15.2	10
Wisconsin	4,168	13	22.8	16.2	19
Wyoming	5,114	5	29.4	14.5	6
U.S. total	3,752	—	19.0	17.6	—

State Investment in Cost-Effective Programs for Children

	State Invests in WIC	State Supplements Head Start	State Funds Preschool	State Invests in Jobs Programs for Youths Not Going On to College
Alabama	No	No	No	No
Alaska	No	Yes	Yes	Yes
Arizona	No	No	No	Yes
Arkansas	No	No	No	No
California	No	No	Yes	Yes
Colorado	No	No	No	Yes
Connecticut	No	No	No	Yes
Delaware	No	No	Yes	Yes
District of Columbia	Yes	No	Yes	No
Florida	No	No	Yes	Yes
Georgia	No	No	No	Yes
Hawaii	No	Yes	No	No
Idaho	No	No	No	No
Illinois	Yes	No	Yes	Yes
Indiana	Yes	No	No	No
Iowa	No	No	Yes	Yes
Kansas	No	No	No	No
Kentucky	No	No	No	No
Louisiana	No	No	Yes	No
Maine	No	Yes	Yes	Yes
Maryland	No	No	Yes	Yes
Massachusetts	Yes	Yes	Yes	Yes
Michigan	No	No	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes
Mississippi	No	No	No	No
Missouri	No	No	Yes	No
Montana	No	No	No	Yes
Nebraska	No	No	No	No
Nevada	No	No	No	No
New Hampshire	No	No	No	Yes
New Jersey	No	No	Yes	Yes
New Mexico	No	No	No	No
New York	Yes	No	Yes	Yes
North Carolina	No	No	No	Yes
North Dakota	No	No	No	No
Ohio	No	No	Yes	Yes
Oklahoma	No	No	No	No
Oregon	No	No	Yes	Yes
Pennsylvania	Yes	No	Yes	Yes
Rhode Island	No	Yes	No	No
South Carolina	No	No	Yes	No
South Dakota	No	No	No	No
Tennessee	No	No	No	Yes
Texas	Yes	No	Yes	No
Utah	No	No	No	No
Vermont	No	No	Yes	Yes
Virginia	No	No	No	Yes
Washington	No	Yes	Yes	Yes
West Virginia	No	No	Yes	No
Wisconsin	Yes	No	Yes	Yes
Wyoming	No	No	No	No

State Report Card
The Adequacy of States' Progress in Improving Children's Status During the 1980s

	(1) Pre-natal Care	(2) Infant Mort-ality	(3) Low Birth-weight	(4) Teen Birth Rate	(5) Births to Unmarried Women	(6) Paternities Estab-lished	(7) Child Pover-ty	(8) Housing Afford-ability	(9) High School Grad.	(10) Youth Unem-ployment	Sub-total
U.S. Total Yes:	0	30	5	34	22	23	2	1	29	25	—
No:	50	21	46	16	29	27	49	50	22	26	—
Not Available:	1	–	–	1	–	1	–	–	–	–	
Alabama	No	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes	6
Alaska	No	No	Yes	Yes	No	Yes	No	No	Yes	No	4
Arizona	No	Yes	No	No	No	No	No	No	No	No	1
Arkansas	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	5
California	No	Yes	No	No	Yes	No	No	No	Yes	No	3
Colorado	No	No	No	Yes	No	No	No	No	Yes	No	2
Connecticut	No	Yes	No	No	Yes	No	No	No	Yes	Yes	4
Delaware	No	No	No	No	Yes	Yes	Yes	No	Yes	Yes	5
Dist. of Columbia	No	No	No	n/a	Yes	No	No	No	No	Yes	2
Florida	No	No	No	No	Yes	Yes	No	No	No	Yes	3
Georgia	No	No	No	Yes	Yes	Yes	No	No	No	No	3
Hawaii	No	Yes	No	Yes	Yes	No	No	No	No	Yes	4
Idaho	No	No	No	Yes	No	Yes	No	No	Yes	No	3
Illinois	No	No	No	Yes	Yes	Yes	No	No	No	No	3
Indiana	No	No	No	Yes	No	Yes	No	No	Yes	Yes	4
Iowa	No	Yes	No	Yes	No	No	No	No	Yes	No	3
Kansas	No	Yes	No	Yes	No	No	No	No	No	No	2
Kentucky	No	Yes	No	Yes	No	Yes	No	No	Yes	No	4
Louisiana	No	No	No	Yes	No	No	No	No	Yes	No	2
Maine	No	Yes	No	Yes	No	Yes	No	No	Yes	Yes	5
Maryland	No	No	No	No	Yes	No	No	No	No	No	1
Massachusetts	No	Yes	No	No	Yes	Yes	No	No	No	Yes	4
Michigan	No	No	No	No	Yes	Yes	No	No	No	Yes	3
Minnesota	No	Yes	Yes	Yes	No	No	No	No	Yes	No	4
Mississippi	No	No	No	Yes	Yes	No	No	No	Yes	No	3
Missouri	No	Yes	No	Yes	No	n/a	No	No	No	No	2
Montana	No	No	No	Yes	No	Yes	No	No	Yes	No	3
Nebraska	No	Yes	No	Yes	No	Yes	No	No	Yes	No	4
Nevada	No	Yes	No	No	Yes	No	No	No	Yes	Yes	4
New Hampshire	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	6
New Jersey	No	Yes	No	No	Yes	No	No	No	No	Yes	3
New Mexico	n/a	Yes	No	No	No	No	No	No	Yes	No	2
New York	No	No	No	No	Yes	No	No	No	No	Yes	2
North Carolina	No	No	No	No	Yes	No	No	No	No	Yes	2
North Dakota	No	Yes	Yes	Yes	No	Yes	No	No	Yes	No	5
Ohio	No	Yes	No	Yes	No	No	No	No	Yes	Yes	4
Oklahoma	No	Yes	No	Yes	No	No	No	No	Yes	No	3
Oregon	No	No	No	Yes	No	No	No	No	No	Yes	2
Pennsylvania	No	No	No	No	No	Yes	No	No	Yes	Yes	3
Rhode Island	No	Yes	No	No	No	No	No	No	No	Yes	2
South Carolina	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	5
South Dakota	No	Yes	No	Yes	No	Yes	No	No	No	No	3
Tennessee	No	No	No	Yes	Yes	No	No	No	No	Yes	3
Texas	No	Yes	No	Yes	No	No	No	No	Yes	No	3
Utah	No	Yes	No	Yes	No	No	No	No	Yes	Yes	4
Vermont	No	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	6
Virginia	No	Yes	No	Yes	Yes	No	No	No	No	Yes	4
Washington	No	Yes	No	Yes	No	Yes	No	No	No	No	3
West Virginia	No	Yes	No	Yes	No	No	No	No	Yes	No	3
Wisconsin	No	Yes	No	No	No	Yes	No	No	Yes	Yes	4
Wyoming	No	Yes	No	Yes	No	No	No	No	Yes	No	3

n/a = not available.

State Report Card (Continued)
The Adequacy of State Program Investments for Children

	(11) Medicaid Coverage: Preg. Women & Babies	(12) Medicaid Coverage: Children	(13) Nutrition Assistance	(14) Early Educ. Efforts	(15) Child Care Qual.	(16) Child Support Enforc.	(17) AFDC Increases	(18) Rent vs. AFDC	(19) Stdt.-Teacher Ratio	(20) Youth Emp. Efforts	Subtotal	TOTAL SCORE: Number	Percent
U.S. Total Yes:	15	17	10	29	30	19	2	0	8	28	-		32%
No:	36	34	41	22	20	30	49	51	43	23	-		(U.S. Avg.)
Not Available: or Applicable	—	—	—	—	1	2	—	—	—	—	-		
Alabama	No	No	No	No	No	Yes	No	No	No	No	1	7	35%
Alaska	No	No	Yes	Yes	No	No	No	No	No	Yes	3	7	35
Arizona	No	Yes	No	No	No	Yes	No	No	No	Yes	3	4	20
Arkansas	No	Yes	No	No	No	No	No	No	No	No	1	6	30
California	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	6	9	45
Colorado	No	No	No	No	No	No	No	No	No	Yes	1	3	15
Connecticut	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	6	10	50
Delaware	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	5	10	50
Dist. of Columbia	No	No	Yes	Yes	No	No	No	No	Yes	No	3	5	25
Florida	No	Yes	No	Yes	No	No	No	No	No	Yes	3	6	30
Georgia	No	No	No	No	No	No	No	No	No	Yes	1	4	20
Hawaii	Yes	No	No	Yes	n/a	No	No	No	No	No	2	6	30
Idaho	No	No	No	No	No	No	No	No	No	No	0	3	15
Illinois	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	5	8	40
Indiana	No	No	No	No	Yes	n/a	No	No	No	No	1	5	25
Iowa	Yes	Yes	No	No	Yes	No	No	No	No	Yes	4	7	35
Kansas	No	No	No	No	Yes	No	No	No	No	No	1	3	15
Kentucky	No	No	No	Yes	No	No	No	No	No	No	1	5	25
Louisiana	No	Yes	No	Yes	No	Yes	No	No	No	No	3	5	25
Maine	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	7	12	60
Maryland	Yes	No	No	Yes	Yes	Yes	No	No	No	Yes	5	6	30
Massachusetts	Yes	No	Yes	Yes	Yes	Yes	No	No	Yes	Yes	7	11	55
Michigan	Yes	No	No	Yes	Yes	No	No	No	No	Yes	4	7	35
Minnesota	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	7	11	55
Mississippi	Yes	No	No	No	No	No	No	No	No	No	1	4	20
Missouri	No	No	No	Yes	Yes	No	No	No	No	No	2	4	20
Montana	No	No	No	No	Yes	No	No	No	No	Yes	2	5	25
Nebraska	No	No	No	No	Yes	No	No	No	No	No	1	5	25
Nevada	No	Yes	No	No	Yes	No	No	No	No	No	2	6	30
New Hampshire	No	No	No	No	Yes	No	No	No	No	Yes	2	8	40
New Jersey	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	5	8	40
New Mexico	No	No	No	No	No	No	No	No	No	No	0	2	10
New York	Yes	No	Yes	Yes	Yes	Yes	No	No	No	Yes	6	8	40
North Carolina	No	Yes	No	No	No	Yes	No	No	No	Yes	3	5	25
North Dakota	No	No	No	No	Yes	Yes	No	No	No	No	2	7	35
Ohio	No	No	No	Yes	No	No	No	No	No	Yes	2	6	30
Oklahoma	No	No	No	Yes	Yes	No	No	No	No	No	2	5	25
Oregon	No	No	No	Yes	Yes	No	No	No	No	Yes	3	5	25
Pennsylvania	No	No	Yes	Yes	Yes	Yes	No	No	No	Yes	5	8	40
Rhode Island	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	No	6	8	40
South Carolina	Yes	Yes	No	Yes	No	Yes	No	No	No	No	4	9	45
South Dakota	No	No	No	No	No	No	No	No	No	No	0	3	15
Tennessee	No	Yes	No	No	No	Yes	No	No	No	Yes	3	6	30
Texas	No	No	Yes	Yes	No	No	No	No	No	No	2	5	25
Utah	No	No	No	No	Yes	No	No	No	No	No	1	5	25
Vermont	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	7	13	65
Virginia	No	No	No	No	Yes	Yes	No	No	No	Yes	3	7	35
Washington	Yes	Yes	No	Yes	Yes	No	No	No	No	Yes	5	8	40
West Virginia	No	Yes	No	Yes	Yes	No	No	No	No	No	3	6	30
Wisconsin	No	No	Yes	Yes	Yes	n/a	No	No	No	Yes	4	8	40
Wyoming	No	Yes	No	No	No	No	No	No	Yes	No	2	5	25

n/a = not applicable or not available.

Definitions of Adequate State Progress in Children's Status

1. Early prenatal care. Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of ensuring 90 percent of all infants are born to women who begin prenatal care in the first three months of pregnancy?

2. Infant mortality. Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the infant mortality rate to nine or fewer deaths for every 1,000 births?

3. Low-birthweight births. Based on recent rates of change, will the state achieve the U.S. Surgeon General's 1990 goal of reducing the proportion of infants born at low birthweight to no more than 5 percent of all births?

4. Teen birth rate. Has the state achieved a reduction in the number of teens giving birth (per 1,000 females ages 15-19) by more than the national rate of reduction?

5. Births to unmarried women. Has the state had a smaller increase in the percent of births that were to unmarried women than has the nation as a whole?

6. Paternities established. Has the state increased the number of paternities established per 1,000 births to unmarried women at a rate greater than the national average?

7. Children in poverty. Has the state achieved any reduction in the percentage of children living in poverty?

8. Affordability of housing for the poor. In 1989, was the fair market rental price for a two-bedroom apartment in the state's metropolitan region with the lowest such rent 30 percent or less of the 1989 federal poverty level income for a family of four?

9. High school graduation rate. Has the state increased its graduation rate (the percentage of ninth-graders finishing high school four years later) by an amount greater than the national average?

10. Youth unemployment rate. Has the state reduced the percent of unemployed youths (those looking for work but unable to find jobs) by more than the national rate of reduction?

Definitions of Adequate State Program Investments

11. Medicaid coverage of babies and pregnant women. Is the state one of the 15 that by the end of 1989 provided as much Medicaid coverage to babies younger than one and pregnant women as federal law allowed?

12. Medicaid coverage of children. Is the state one of the 17 that by the end of 1989 provided as much Medicaid coverage to children younger than six and living in poor families as federal law allowed?

13. Nutritional assistance for mothers and children. Is the state one of the 10 providing additional women and children with food benefits by supplementing federal funds for WIC (the Special Supplemental Food Program for Women, Infants, and Children)?

14. Support for early childhood education. Is the state one of the 29 that supplement federal Head Start funds or allocate state revenues to fund its own preschool education program?

15. Child care quality: staff ratio. Is the state one of the 30 that require state-licensed child care centers to limit the number of nine-month-old babies for every caregiver to no more than four?

16. Child support collection efforts. Is the state one of 19 doing better than the national average on collecting amounts due from absent parents who owe child support?

17. AFDC benefits compared to inflation. Is the state one of the two that raised maximum Aid to Families with Dependent Children (AFDC) benefit levels enough to keep pace with inflation between 1970 and 1989?

18. Rents vs. AFDC benefits. Does the state's maximum AFDC benefit level allow families to rent housing for no more than 30 percent of their monthly income, as recommended by the federal government?

19. Students-per-teacher ratio. Is the state one of the eight that has reduced the student-per-teacher ratio in public school classrooms to 15-to-one or less, as recommended by professional education organizations?

20. State youth employment initiatives. Is the state one of the 28 that allocate funds to find or create jobs for young people not going on to college?

Note: More information about the State Report Card is available from CDF in *Children 1990: A Report Card, Briefing Book, and Action Primer* ($2.95). Single copies of individual state report cards are available free from CDF.

Children in the Cities

City	Number of Children Under 18 (1980)	Rank (1980)	Percent of Child Population that is Black (1980)	Percent of Child Population that is Hispanic (1980)	Child Poverty Rate (%) (1980)	Rank (1980)	Percent of Teens (16-19) Who Are Dropouts (1980)	AFDC Grant, Family of Three (1989 $)	HUD-Determined Fair Market Rent (1988 $)	AFDC Grant as Percentage of Fair Market Rent (1989)
Baltimore	211,943	10	66.77	1.12	32.5	24	20.3	$396	$508	77.95%
Boston	121,683	22	35.89	11.83	30.9	19	9.7	539	803	67.12
Chicago	852,876	2	50.70	19.92	30.8	18	20.1	342	580	58.97
Cleveland	159,444	17	50.83	4.70	31.3	20	18.4	321	395	81.27
Columbus	145,867	20	29.76	1.00	21.3	11	14.1	321	418	76.79
Dallas	243,792	8	40.32	18.21	20.4	10	20.5	184	421	43.71
Denver	110,877	24	17.73	32.27	20.2	9	21.0	356	502	70.92
Detroit	364,618	6	74.03	3.14	31.5	21	21.2	465	514	90.47
District of Columbia	143,491	21	85.99	2.59	27.0	15	12.7	409	671	60.95
El Paso	148,812	19	3.04	72.02	28.7	16	13.0	184	382	48.17
Houston	452,255	4	34.19	23.88	17.0	7	22.2	184	388	47.42
Indianapolis	200,447	12	27.36	1.18	15.6	5	18.6	288	410	70.24
Jacksonville	155,581	18	31.93	2.12	22.2	12	18.1	287	426	67.37
Los Angeles	745,738	3	20.51	39.97	23.7	14	19.5	694	684	101.46
Memphis	188,018	14	61.23	1.01	31.6	22	12.1	184	405	45.43
Milwaukee	171,866	15	36.48	6.75	22.5	13	17.8	517	455	113.63
New Orleans	160,332	16	70.99	3.24	38.7	25	14.8	190	499	38.08
New York	1,765,467	1	32.98	28.52	31.8	23	15.8	539	566	95.23
Philadelphia	437,158	5	46.87	6.17	30.0	17	15.0	402	511	78.67
Phoenix	228,752	9	6.25	21.74	13.7	3	21.9	293	554	52.89
San Antonio	253,238	7	7.30	65.68	14.4	4	19.0	184	420	43.81
San Diego	211,432	11	11.99	23.37	16.6	6	11.8	694	647	107.26
San Francisco	116,611	23	20.41	19.57	19.4	8	10.8	694	848	81.84
San Jose	195,285	13	5.57	29.34	10.0	1	15.7	694	840	82.62
Seattle	86,963	25	17.52	4.26	13.4	2	11.5	492	481	102.29
U.S. total								n/a	n/a	n/a

Note: n/a = data not available or not applicable.

City Data (Continued)

City	Number of Births to All Teens (1987)	Number of Births to Black Teens (1987)	Number of Births to Unmarried Teens (1987)	Percentage of Teen Births That Were to Unmarried Teens (1987)	Unmarried Teen Birth Rank (1987)	Percentage of All Births That Were to Teens (1987)
Baltimore	3,116	2,557	2,884	92.55%	21	22.86%
Boston	1,126	639	985	87.48	16	12.00
Chicago	10,232	7,228	8,978	87.74	17	18.53
Cleveland	2,159	1,379	1,845	85.46	13	20.80
Columbus	1,547	719	1,192	77.05	10	14.43
Dallas	3,855	1,873	2,659	68.98	7	18.58
Denver	n/a	n/a	n/a	n/a	n/a	n/a
Detroit	4,367	3,717	3,746	85.78	14	21.77
District of Columbia	1,665	1,526	1,593	95.68	22	16.31
El Paso	n/a	n/a	n/a	n/a	n/a	n/a
Houston	5,306	2,200	3,307	62.33	2	14.95
Indianapolis	2,115	962	1,635	77.30	11	16.17
Jacksonville	1,678	893	1,065	63.47	3	14.72
Los Angeles	9,153	2,482	6,516	71.19	9	12.36
Memphis	2,340	1,984	2,040	87.18	15	19.58
Milwaukee	2,326	1,614	2,084	89.60	18	19.31
New Orleans	1,761	1,589	1,593	90.46	20	18.66
New York	13,126	6,735	10,780	82.13	12	10.69
Philadelphia	4,891	3,370	4,414	90.25	19	17.13
Phoenix	2,811	356	1,935	68.84	6	15.33
San Antonio	3,348	279	1,566	46.77	1	10.50
San Diego	1,741	468	1,169	67.15	4	9.67
San Francisco	733	326	499	68.08	5	7.55
San Jose	1,384	126	959	69.29	8	9.11
Seattle	n/a	n/a	n/a	n/a	n/a	n/a
U.S. total	472,623	144,853	302,541	64.01		12.41

City Data (Continued)

City	Percentage of Black Births That Were to Teens (1987)	Infant Mortality Rate[1] (1987)	Infant Mortality Rank (1987)	Infant Mortality Rate, Black[1] (1987)	Low-Birthweight Rate (%) (1987)	Low-Birthweight Rank (1987)	Low-Birthweight Rate, Black (%) (1987)
Baltimore	27.14%	19.2	20	21.1	12.2%	23	14.4%
Boston	16.35	11.9	10	18.2	9.3	15	13.1
Chicago	26.65	16.6	17	22.9	10.5	19	14.7
Cleveland	24.81	15.5	15	20.0	9.9	18	12.4
Columbus	24.41	9.5	4	13.9	7.7	9	11.8
Dallas	27.00	10.3	6	15.7	9.1	14	13.8
Denver	n/a	n/a	n/a	n/a	9.7	17	14.6
Detroit	24.19	19.7	22	23.0	13.6	25	15.3
District of Columbia	19.57	19.3	21	22.8	13.5	24	16.1
El Paso	n/a	n/a	n/a	n/a	6.8	4	11.7
Houston	21.07	11.4	9	15.6	8.3	12	13.2
Indianapolis	27.20	13.3	14	23.7	7.7	9	11.6
Jacksonville	23.21	12.7	12	20.3	7.9	11	11.8
Los Angeles	18.96	10.5	8	21.1	7.0	5	14.5
Memphis	25.43	17.7	19	21.5	11.3	21	13.6
Milwaukee	30.99	12.2	11	17.9	8.7	13	12.9
New Orleans	22.80	15.8	16	17.4	11.4	22	13.2
New York	14.54	12.7	12	16.2	9.4	16	13.1
Philadelphia	23.09	17.3	18	23.6	10.9	20	14.9
Phoenix	25.34	10.4	7	—	7.3	7	13.5
San Antonio	20.77	9.3	3	—	7.5	8	12.8
San Diego	18.06	9.6	5	13.5	6.2	2	11.4
San Francisco	19.39	7.7	1	—	6.5	3	13.3
San Jose	14.00	8.7	2	—	5.4	1	8.3
Seattle	n/a	n/a	n/a	n/a	7.0	5	12.2
U.S. total	22.58	10.1	17.9	6.9	12.7		

[1]Deaths per 1,000 live births.

Note: n/a = data not available.

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ISBN: 938008-77-3

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1. In 1988 more than 12 million American children were poor. One in every five American children lives in poverty. If recent trends continue, by the year 2000 one in four will live in poverty.

2. In 1988 the United States ranked nineteenth in the world in infant mortality and fifteenth in the world in the proportion of infants immunized against polio.

3. The United States spends less on elementary and secondary education than 13 other industrialized nations and has a higher ratio of students to teachers than 18 other nations.

4. America's future work force is shrinking. In the year 2000 there will be 4.1 million fewer young adults (ages 18 to 24) than there were in the 1980s — a decline of 14 percent.

5. One-half of all preschoolers have mothers in the work force; by the year 2000 the figure will rise to nearly seven in 10. Yet Head Start serves only one in five eligible preschoolers and Congress has failed to enact a comprehensive program that responds to the child care crisis.

6. Between 9 million and 12 million American children, and more than 14 million women of childbearing age, have no health insurance.

7. Half a million children drop out of school in America each year.

8. In 1986, 2.2 million American children were reported abused, neglected, or both.

9. The U.S. teen pregnancy rate is twice as high as that of other industrialized countries. Two in five American girls get pregnant, and one in five bears a child before age 20.

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